

SCOOP 3.0



L3 LIFE

VOLUME XVIII
2022-2023

A GIFT TO THE CLASS OF 2024 FROM
THE CLASSES OF 2023, 2022, 2021, 2020,
2019, 2018, 2017, 2016, 2015, 2014, 2013,
2012, 2011, 2010, 2009, 2008, 2007, 2006, 2005
& 2004

INTRODUCTION

Welcome to the jungle, L3s!

It is time to leave your notesets, noise-cancelling headphones, and giant Monster energy drinks at home. Don your white coat, brush your hair, and start practicing the medical student mantra—"I don't know, but I will look it up."

This is your guide to third year—it includes a brief section below about the general logistics that apply to all rotations. Following the introduction, you will find a rotation-by-rotation guide to survival. We suggest you *at least* read the introduction section and section pertaining to your first clerkship. You may also want to look over the Appendix section for a series of general resources you may find useful throughout the year. This includes information on applying for away rotations and preparing for 4th year, which is approaching sooner than you think! Then, come back later before each rotation and read that clerkship's section for helpful tips and to get a feel for a typical day on that clerkship.

Don't forget the L4 class is here to help guide you through this process. We were in your shoes just one year ago! Starting L3 year can be intimidating, but you will find yourself feeling more and more comfortable as the weeks go on. You are intelligent and capable. And most importantly, remember everything you will be learning and doing on your clerkships this next year will ultimately serve to benefit your present and future patients.

Welcome to the wards, my friends.

Writing Notes and Orders

PROGRESS NOTES

L3s typically write progress notes on patients each morning while in the hospital. This is the bread and butter of your written work as an L3. Individual services will have their own style and specific content, but all of these follow the **SOAP** format.

****Progress notes must be appropriately titled "L3 Progress Note"**

Subjective: patient complaints and comments, nursing comments, how the patient did overnight

Objective: includes vitals (typically in ranges over the past 24h – Temp, TMax, HR, RR, BP, O₂ sat, Ht, Wt, ins and outs), physical exam, lab results, radiology readings, path reports

Assessment: your personal assessment of the patient and their progress, based on the above (usually A and P are put together – A/P)

Plan: med changes, lab tests to be ordered or checked, procedures, consults, current monitoring, discharge. Organize plan *by problem* on Internal Medicine and Pediatrics rotations. A great way to get a feel for what a good plan is supposed to look like is looking at previous resident notes and modeling your plan off of that structure.

HISTORY AND PHYSICAL

L3's may write up H&P's when admitting patients from the ER or from clinic. These are done the same way as you learned in CSI. Again, each service will have their own version—OB/GYN focuses on obstetrics history versus peds adds developmental history.

DISCHARGE SUMMARIES

L3s are sometimes asked to begin preparing the hospital discharge summary for their patient. This is a rundown of why the patient presented initially to the hospital, events that occurred while they were admitted, and the plan for follow-up upon discharge. Many services have a template they use for discharge summaries. Often residents will write the summaries themselves, but if you have the opportunity to assist in writing one, it is good practice in consolidating a patient's course into the most pertinent points and gives you the chance to show initiative. Be sure to always ask your resident how you can assist in preparing a patient for discharge.

ADMIT ORDERS

With the advent of the EMR, students don't have as much opportunity to write true admit orders. In fact, you should *not* be writing orders or prescriptions of any kind as a third year student. This is something you will do as a resident, so it would be beneficial to at least try one or two or practice on your own. Keep this acronym in your back pocket for the future.

A D C VAN DISMAL

Admit to – specify service and ward location

Diagnosis – why are they in the hospital???

Condition (of the patient) – stable (most common), fair, critical, etc.

Vitals (how often you want the patient's vitals checked) – q4°, q shift, per routine

Activity – ambulate tid, ad lib, bed rest

Nursing (extra instructions for nurses) – accurate I & O's, daily weights, wound care bid

Diet – as tolerated, regular (for age), clear liquids, low sodium, NPO

IV Fluids – ex. D5NS @ 125 mL/hr

Special – includes any special instructions for the patient (respiratory, monitors, etc.)

Medications – antibiotics, antiemetics, pain meds, oxygen (include dosages)

Allergies- NKDA (No Known Drug Allergies), etc

Labs – CBC and BMP qAM, EKG, X-ray

PRESCRIPTION WRITING

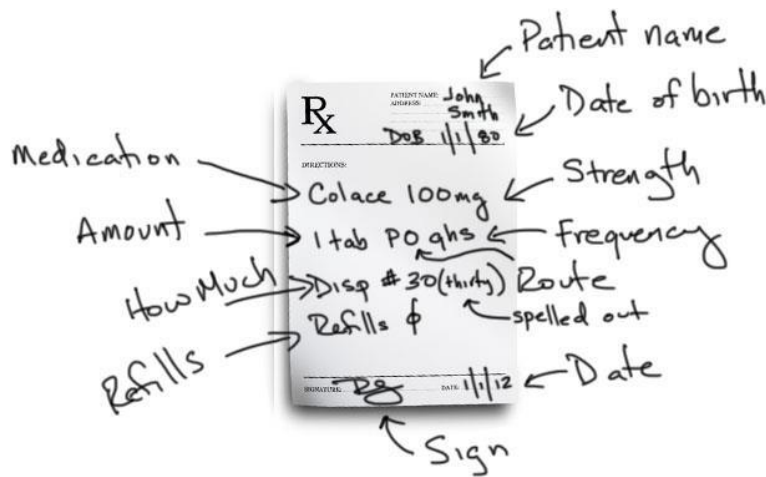
You will only write these while on a service that still uses paper charts. This opportunity would

likely present itself during your Family Medicine clerkship. If so, it will be helpful for you to pre-write all prescriptions that your patient will require when preparing the discharge orders. That way, your resident can just sign them when he/she co-signs the orders.

All prescriptions must contain the following information:

- Name and Date
- Line 1— Inscription: the name of the drug (brand or generic) and the dose of the drug
- Line 2— Subscription: the directions to the pharmacist (designated by **disp.**)
- Line 3— Directions: the directions for taking the medication (designated by **sig.**)
- Physician's Signature
- Number of Refills

Example Rx:



Miscellaneous Tasks for the Third Year

As junior medical students, you will be expected to do more than just see patients in the morning and write notes. There are various other small tasks that you will be able to do throughout the day to help the team run smoothly. This will be dependent on the clerkship. In addition to learning, your job as a third year student on the team is to be as helpful as possible! Ask your resident on the first day of the clerkship what is expected of the third year students on the team and for which tasks you should be responsible.

PATIENT LISTS

On the inpatient service, students are often asked to keep the patient list updated. Residents will give you a template, but usually it looks something like the example on the following page.

LSU MEDICINE SERVICE, Team 1

June 5, 2019

Room	Name Age, Race, Sex MR #	HD/AD	Dx	Meds	Plan/To Do
312	Doe, John 45yo WM 555323	4/3	Pneumonia, HTN	Ampicillin, Zithromax, Atenolol, Albuterol	CXR, Duonebs q4
602	Blow, Joe 82 BM 444232	3/0	Dehydration 2o Viral Syndrome	None	IV Fluids: D5NS @125 ml/hr

- **MRN:** medical record number; you will use it to look up the patient's information and labs. Look beneath the patient's name on their electronic chart
- **HD:** hospital day, how many days the patient has been in the hospital. The day the patient is admitted counts as HD 1.
- **AD:** antibiotic day, to track how many days the patient has been taking the medication.
- **Meds, Plan/To Do:** keep track of any medication/plan changes discussed during rounds or during the day and update the list. Once something has been done or if the patient is no longer taking the medication, you can remove it from the list.
- Top of the page contains the service name and current date
- Bottom of the page usually contains a list of everyone on the team's pager/cellphone numbers as well as important hospital extensions
- Some services will keep the list in a shared file that you will be given access to – keep the file on your desktop for easy access. Other services will utilize a shared list via Epic.
- Always exit out of the list when finished editing it so others may access it to edit.
- **Guard these lists with your life; DO NOT leave printed lists anywhere in the hospital. Having patient lists visible to others is a direct violation of HIPAA (patient privacy act).** Shred these lists when they become outdated or at the end of the day.

ROUNDS

You will be responsible for presenting your patients on rounds. This is typically an oral presentation of your SOAP note—follow the same order and be confident. Your attendings will usually have questions that go beyond the information you write in your notes. While no one will expect you to know everything, it will make you look prepared and invested in the clerkship if you know the answer. Read about your patient and their condition as much as you can before rounding. Keep track of things like medications and doses, how many days an IV has been in place, and lab values both abnormal and normal. Develop a system that works for you.

Keep track of pending work by making a checklist each day on each patient. It is easy to do this on your patient list – make a column on the side and take notes about the plan discussed for each patient during rounds with any upcoming changes in their management. Follow-up throughout the day on those changes and any pending studies or imaging. See if you can be of assistance to your residents in carrying out the plan and update them when you see imaging or test results have come back. ***Keep a to-do list for yourself to stay organized and on top of it.***

Below are examples of methods that have been used to prepare for rounds:

- Use index cards that contain all of the pertinent info – name/age/gender, diagnosis and workup; include the current day's physical exam, vitals, labs, and the A/P of your note
- Write out the top points of your note on a separate sheet of paper to use while presenting – to include the most pertinent findings, labs, medications and doses, and your proposed assessment and plan.
- Print your note and use it as a reference. Try your best not to read from it. You will get better as the year progresses at being able to recall the most pertinent information from memory, but it's nice to have a safety net and reference for vitals, labs, and other specifics.

Be prepared to give a differential diagnosis, especially on Surgery and Medicine. The following mnemonic may be used to organize your thoughts: **VITAMIN C**

Vascular

Idiopathic/Iatrogenic

Trauma

A metabolic disorder

Mechanical (usually obstruction)

Infectious

Neoplasm

Connective Tissue Disease/Autoimmune processes.

WHAT TO CARRY

You should always have a stethoscope, Maxwell's, penlight, and several black pens (plus other colors if this helps you stay organized). You may also want to keep in your top pocket tongue depressors (always bonus points when the residents or attending asks for one and you are able to provide – especially on pediatric rotations) and alcohol pads (to wipe your stethoscope before examining a patient). Your various services will require different things from you. Below are examples of additional things you may need to keep in your white coat pockets.

- Surgery → Scissors, 4x4s, tape, suture/staple removal kits. You can get these items from one of the supply closets on the floor—just ask a nurse where the nearest one is.
- OB → physical or digital pregnancy wheel
- Neuro → Reflex hammer (their favorite is the Queen Anne), tuning forks – any other instruments you will need will be outlined during your neuro orientation.
- Smart Phone with reference apps installed (see the “There's an App for That” section in the Appendix)

- Blank notebook to take notes (lots of teaching nuggets come from rounds and residents)
- Snacks if you tend to get hungry often (granola bars, etc)
- Extra lists, articles, and anything else you think you may need

Your coat will get heavy and may begin to hurt your back, so make sure you use everything that you carry; otherwise, leave it at home or in your bag. When packing your bag for the day, keep in mind you may have to carry it all day or stash it in the lounge – every rotation is different.

Note: in light of COVID, check with your clerkship directors to determine if white coats are allowed on your specific rotation.

WHAT TO WEAR

Note: In light of COVID, check with your clerkship directors to determine if scrubs are mandatory

- **Guys** – White coat, slacks, button up shirt and tie. For medicine, this is the dress code for all days unless you are on call – then you can wear scrubs.
- **Girls** – Dress clothes, unless otherwise told. Some services are particular about closed toe shoes, others are not- the rule is to follow those around you (i.e. match what the residents are wearing).
- Some rotations will let you wear scrubs in the hospital, especially OB and surgery. Find out before you show up (a good question for your resident when you first get in touch with them). Scrubs are usually available via the scrub machine at each hospital. You will only have access to hospital-laundered scrubs on some rotations. You will be required to wear hospital-laundered scrubs when going into the OR.
- When in doubt – **wear dress clothes**. ***You should never show up for the first day of a rotation in scrubs***, not even for surgery. You can bring scrubs to change in to (you might be on call the first night), but it always makes a better impression if you are well groomed. If you anticipate you'll need to change into scrubs, don't forget to bring whatever shoes you prefer to wear with scrubs (the great tennis shoe vs. clog debate).
- Don't forget your ID card. You will develop a nice collection by the end of the year.
- Keep your white coat **clean** – wash it regularly. They can get pretty grody. Some students got a 2nd coat so they can rotate them as one is being washed.

Note: For students at UMC, the scrub policy has been updated so that hospital-laundered scrubs will not be available to students. You will be able to wear any scrubs laundered at home at UMC, even in the OR! Any contaminated scrubs will be replaced with hospital-laundered scrubs. Your scrubs will be confiscated at that time, so be careful which scrubs you bring.



"Actually, you're my *second* patient if you count that cadaver in med school."

INTERNAL MEDICINE

The third year medicine rotation is the core block of the year, as well as one of the main building blocks of your career in medicine. The block is twelve weeks long. The rotations include **2 weeks** of ambulatory clinics (visit different clinics each day, including General Medicine Continuity Clinic, Cardiology, Rheumatology, Heme/Onc, Endocrine, PM&R, ID, etc.), **4 weeks** of hospital wards, **4 weeks** of consult services, and **two weeks** of Career Planning Elective (CPE). Students can be assigned to sites in New Orleans, Baton Rouge, or Lafayette over these three months, with a larger number of students being in New Orleans than at the other sites. The sites that are currently being used include UMC, Touro Infirmary, and Kenner Regional Medical Center in New Orleans, UHC in Lafayette, and OLOL in Baton Rouge. In addition, you can expect to have a lecture series for about 4 hours per week. In New Orleans, this is on Tuesday and Friday afternoons.

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Clerkship Coordinator: Kelly Rauser (kraus1@lsuhsc.edu)

Wards

Wards are typically the most difficult month of the rotation, but this is also the month in which students feel they learn the most. The more diligent and thorough you are about looking up things on your patients and directly participating in their care, the more you will learn! Students will be assigned to a Wards Team. Fourth year students may be completing their Acting Internship, and they will function at a level between you and the intern. If you have questions, they can be a great resource. You will work with the team on a daily basis - writing notes, rounding, attending conferences, and taking call.

DAILY SCHEDULE

The start time and length of your day are based upon your staff, residents and the size of your service. Typically, you will see patients on your own in the morning and then attend morning report at 8 AM (7 AM in Lafayette, 7:30 in BR, 9 AM in Kenner). At UMC New Orleans, you will round with your team and then attend noon report instead of morning report. Rounds and floor work typically follow this until noon conference (if your site has noon conferences). Most students eat their lunch during noon conferences. The afternoons can be comprised of floor work, lecture, small group sessions, or free study time. Usually, call days and post-call (aka the day after call) days are longer than non-call days, so expect to stay longer those days.

CALL NIGHTS

In **New Orleans and Baton Rouge**, call nights occur approximately every 4 days during which you will be expected to see a patient(s) in the ER, complete a history and physical, and

determine patient care in consultation with your resident(s). Night call typically ends at 11 PM or midnight, but this depends on your site and your residents. You should not be expected to stay overnight on call days. Be prepared to present your patient to your attending (or even during Morning Report) the following morning. The presentation consists of a patient's H&P, the initial treatment plan implemented in the ER, and what progress your patient made overnight on the current treatment plan. Always try to help out your team with any loose ends, such as rounding up pending labs and studies in the mornings or helping with discharge paperwork, as a way to show interest in all of the patients and to be of the greatest assistance to your team. Weekends are typically fair game on the wards, with each student typically getting 4 days off per month over their weekends. Expect to go in on a weekend if it is a call day or "post call" day for your team.

In **Lafayette**, call duties are the same. There is one week of "late call" during which you will stay until 7pm every night every other night (for a total of 3 nights). Most of the time, they do not make you stay until 7PM if it is low. There is no weekend or overnight call in Lafayette.

PRESENTATIONS

You may also be asked to give small presentations on an assigned topic randomly that pertains to an interesting case you saw that day during or after rounds. These topics are designed to help you learn about a specific patient or a common topic relevant to your medicine shelf. UpToDate is a great initial resource for these topics. This may require the use of online journal articles, an easy way to find up to date information about the case. Typically, you will give these small oral presentations to your team during lunch or following rounds or whenever there is a 5-10 minute break.

Clinics

Clinics is a 2 week rotation. It is often less time consuming with a more predictable schedule. Your day will be more structured (8am-5pm), and you will typically have more time to study. You will be expected to work five days a week, continue to attend conferences and lecture, and attend morning and afternoon clinics each day. An individualized schedule for each person will be distributed at orientation to the block. Your responsibilities will vary depending on the clinic and the staff. Some clinics will expect you to see patients and present them yourself, while others will simply allow you to shadow a resident or staff. Just **show up on time**, ask what is expected of you when you get there, and try to be relaxed and aware that each clinic will be a different experience. Many students find this is a good time to finish the mandatory aquifer cases.

Consults

The third part of the rotation is consults or subspecialties. You will be assigned to two services, spending two weeks on each. Some consults are busier than others, some have longer hours, and some require you to work weekends. The individual subspecialties are site specific, but may

include: Renal, PM&R (not available in Lafayette), Endocrine, Cardiology, Pulmonary, Heme/Onc, GI, Rheumatology, or ID.

Responsibilities are somewhat a combination of wards and clinics. You will be seeing patients and writing notes, rounding with your team and attending the clinics that accompany each service. You will also often spend time in various procedure labs depending on what specialty you are assigned (cath lab for cardiology, endoscopy for GI, etc.). There may also be conferences and lectures that are specific to each service, which you will be required to attend if they do not conflict with mandatory medicine activities scheduled. Each particular service has its own 'personality' so be prepared for just about anything. Consults are a more focused look at Internal Medicine specialties; it will provide you with an opportunity to delve more deeply into particular areas and disease processes. Generally, there are no call days for consult services.

Conferences/Lectures

Everyone is required to attend Morning Report, Student Morning Report, Noon Conference, Professor's Rounds, and Student Core Lectures. Don't miss – role will be taken.

Morning Report (daily) – Held at 7am at UHC Lafayette, 8 am at Touro, 7:30am OLOL, 9am at KRMC, and 12pm at UMC New Orleans. These sessions are led by a staff member at your respective site. A case will be presented by the post-call team, sometimes by the 3rd or 4th year student. You may be asked to prepare a short presentation on a relevant topic.

Student Morning Report – Occasionally occur in place of Noon or Morning Report in New Orleans. A student (or Dr. Lopez) will prepare a PowerPoint presentation of a case and Dr. Lopez, Dr. N. Jain, or Dr. M. Ali will lead a group, interactive discussion on the learning points. This is some of the most high yield and clinically relevant information that you will get in all of your 3rd year, so take advantage of it!

Noon Conferences – Some sites have noon conference and some do not. Sometimes lunch will be provided. You should check with your residents and your site coordinator about what sessions you are required to attend.

Core Lectures – These lectures are given by staff/residents and cover the basic topics of medicine that you need to know both for your test and for daily use. Times may vary each block but the lectures are usually held in New Orleans from 1:00pm-3:30 pm on Tuesdays and Fridays. The Baton Rouge and Lafayette sites zoom into the lectures that are held in New Orleans. All students have access to previous lectures on the Moodle page. You may want to grab a coffee prior to attending these...it might help you stay conscious (note: being call or post-call is **not** an excuse to skip lecture).

Small Group – Every Thursday afternoon during the clinic rotation for New Orleans students. They are given by Dr. Lopez and Dr. Jain and include topics that are very likely to be on the test. Previous topics have included acid-base disorders, heart murmurs, and antibiotics.

Grand Rounds – For students in New Orleans, the grand rounds lecture is held weekly on Fridays in MEB Lecture Hall A during lunch. There will be either a guest speaker or a presentation of current research. These can be a bit beyond your scope as a student, but interesting. Attendance is mandatory, *sometimes* with free lunch. BR should check with their student coordinators for their grand rounds schedule. For Lafayette students, there is no grand rounds help at your site.

Professor Rounds – In New Orleans, these are small group learning sessions scheduled in the afternoons with Dr. P. Rigby, Dr. A. Lopez, Dr. Sanders, or other staff physicians that give students a chance to present patient cases to fellow classmates. When you are on clinics, you simply need to attend, pay attention, and participate in the discussion. When you are on the wards, you will be expected to present a patient for everyone to discuss. These tend to be very informal and excellent learning processes, so be sure to relax and enjoy them. Lafayette and Baton Rouge should have their own version of the Professor Rounds that students will be required to attend. In Lafayette, Dr. Ardoin does a 3 part lecture series on the full body physical exam. He will get with the students and let them know about a time and place for these.

What to Study

For the shelf exam, read and do as many questions as you can. Start **UWorld** early! Almost 50% of the questions for Step 2 UWorld are for internal medicine (~1300). UWorld is your best knowledge source for this clerkship. Some students have also found Amboss helpful. It consists of a question bank and reference library (similar to that of Firecracker). If you have conquered all of the UWorld and Amboss questions (very impressive), additional questions can be found in question books. The most popular question books for medicine are MKSAP, PreTest, and NMS. These questions are much more difficult and complex but will prepare you for the exam.

Online Med Ed is a video lecture series that many students have found to be helpful throughout their rotation. Make sure to check it out early in the rotation if you're an audio/visual learner. Dr. Williams has some great pearls that will be helpful on the wards!

Dr. Dean Lauret's Medicine Shelf Review is an excellent, concise bulleted review. Copies of these are floating around amongst students. Ask your big buddy or friend in the L4 class.

There are *a lot* of Medicine textbooks in the world. The books or references you use beyond questions are going to be determined by you. It isn't whether or not you have the *right* book, it is whether or not you are actually reading it. Many students rely on **Step Up to Medicine** as their resource book for this clerkship. It is a good general review. Some students recommend **Karam's Review**. Dr. Karam in Baton Rouge compiled everything you need to know from

multiple sources in addition to his own huge, gigantic wealth of knowledge. Use it and use it often- when you think you have used it enough, read it again. **First Aid for Medicine** is also available. **Case Files: Internal Medicine** is one of the *Case Files* series that may be used to supplement your reading. You may see some people carrying around pocket-sized books. These are pretty interchangeable – if you'd like to keep one with you, just find one that you like and stick to it. Cecil's has one, so does Harrison's. Many people have switched to using their phone apps for pocket-sized reference.

Site Specific Info

Touro Hospital in New Orleans

After your orientation at school, you will be directed to attend another orientation at Touro Hospital that day or the following day. There you will meet your residents and staff and will find out where morning report, meetings, conferences are held.

Morning Report: This starts at 8am sharp on the 4th floor across from the dialysis unit so don't be late!

Call nights: Two residents from each team are on call each night. On your first day, you will be assigned to two residents and will therefore take call whenever they take call. When on call, you will stay no later than about 9pm but usually leave much earlier than that. And yes, you have to work the weekends whenever your team is on call.

Parking: you can park for free in the garage across Prytania with your Touro ID once it has been activated. This can be done in Margaret Lokey's office and must be renewed every month. You should sign in to have your ID activated at least 48 hours before your rotation starts to ensure it will be ready for your first day. If you do not have the opportunity to do this, you can still park in the garage and have Ms. Lokey validate your parking ticket each day until your ID is activated.

Ochsner Kenner Regional Hospital in Kenner

Students may be placed at Ochsner-Kenner for wards or consults during their medicine rotation. The wards service is divided into two teams and 1-2 student(s) is/are placed on each team. Each team takes call every other night but the teams are divided in half and rotate taking call, so you will take call every fourth night. There is no overnight call for students. The computer system for labs is different than at UMC, so students do not have a username or password until one is provided for you by Ochsner.

Morning report: Consists of the previous night's call team presenting a case they admitted. It usually runs from about 9:10-10 because teams meet with the hospital social workers at 9 (You

still need to be there at 9). Located right across from the cafeteria on the first floor in the Bayou Room. Everybody eats breakfast during morning report, so feel free to go get some food from the Doctor's Lounge, where students are allowed to have free hot breakfast.

Student Lectures: Even though you are in Kenner, you are required to go to Student Morning Report, Grand Rounds, and Core Lectures at UMC. The staff is aware of these responsibilities, so just let them know before you head downtown.

Our Lady of the Lake in Baton Rouge

Morning report: See your patients before morning report. Morning report begins at 7:30 in the auditorium located directly across from the cafeteria on the first floor. Students from all three groups (clinics, consults, and wards) are expected to attend every morning. A member of the post-call wards team (usually the L3) presents an interesting patient that was encountered during the call day/night. Dr. Karam, Dr. Lauret, or one of other attendings head the discussion. As the presenter you are pretty safe from questions. However, there is a high expectation of audience participation.

Conferences and Lectures: There are typically noon conferences in the MEIC. Lunch is provided in the MEIC most days, and on Tuesdays and Fridays in the 4th floor resident lounge. Your residents will usually bring you to physician's lounge to grab some food. There is also a Subway open for 24 hours in the hospital along with a CC's coffee if you would like another option.

Mandatory core lectures: Usually you have one every 1-2 weeks (schedule will be provided). These are presented in a flipped classroom format, so you have a lecture to watch prior to attending the lecture. They are held on the 4th floor of the MEIC.

Wards: you'll take call every 4 days. On your call day, your team sees new admits to the hospital. Then you manage those patients for the next couple of days till you are on call again.

UHC in Lafayette

Of all the sites where you can do your inpatient month of medicine, UHC is the most laid back. The patient loads are lighter (less than 10 on most days), and there are opportunities to perform procedures such as thoracocentesis and paracentesis.

Morning Report: A typical day begins with morning report at 7:00 am. This lasts about one hour and is interactive – the staff doctors sometimes ask 3rd year students questions, so make sure you are paying attention. If you are on wards, you will be expected to see your patients on your own prior to Morning Report.

Conference: There is a noon conference every day. Attendance is mandatory as there is a computer log-in station. There is **FREE FOOD** for students at every meal in the cafeteria. Sometimes noon conference will be sponsored and lunch will be provided there.

Housing: The living accommodations in Lafayette are at Lafayette Gardens apartment complex, which is under ten minutes from UHC. The apartments come furnished with a full bed, a dresser, and a nightstand. The common area has a fridge, kitchen sink, couch, loveseat, coffee table, bookshelf, end table, Roku TV, and Keurig.

Career Planning Electives

ENT	Anesthesiology
Orthopedic Surgery	Dermatology
Vascular Surgery	Emergency Medicine
Cardiothoracic Surgery	Pathology
Pediatric Surgery	PM&R
Urology	Radiation Oncology
Neurosurgery	Radiology
Female Pelvic Reconstructive Medicine and Surgery	

The following are details on some of the specific CPE rotations. You should be contacted by a coordinator for your CPE who will give you all of the information you need to know. CPE is pass/fail and is truly an opportunity for you to explore your interests outside of the core clerkships! You will receive an evaluation on New Innovations following the 2-wk rotation.

Anesthesiology

For anesthesia, students were assigned to morning (6:30-3:00pm) and evening (2:30pm-11:00pm). You will be assigned to one shift the first week and switch to the other for the last week. There are more scheduled surgeries and staff available to teach during the day shift, so there is more to see and do. The night shift is pretty relaxed, and you could generally leave before the shift is done since many residents and staff are gone. You can start IVs, intubate, and learn to use anesthesia equipment. An awesome perk is that Wednesday mornings were reserved for stress relieving activities (ballet, basketball, wellness center classes, etc.), with lectures in the afternoon.

Dermatology

This rotation is an excellent introduction into the field of dermatology, which is much more diverse and varied than simple acne and eczema cases that most of us are familiar with. It is a great way to get the chance to work with patients who suffer from various dermatological diseases, spanning the gamut from vitiligo to hemangiomas to skin cancer. You are also able to assist in procedures such as biopsies, cryotherapy, dermatological surgeries, and much more!

Pathology

This rotation is an excellent opportunity for those students interested in Pathology. The rotation is not very demanding, but you should expect to spend a fair amount of time at the microscope. The rotational experience offers a number of experiences in Pathology, including surgical pathology (gross and microscopic), behind-the-scenes in the microbiology lab and the blood bank at ILH, and time in the Pathology Labs at West Jeff and Children's Hospital. Students are welcome to go to see frozen specimens, bone marrow biopsies, fine needle aspirations, and even autopsies while on the service. The opportunity to be in on autopsies is fairly limited, but rotations as a 4th year will involve autopsy experience. Attendance at a variety of conferences (tumor board, microbiology/ID conference, neuroanatomy, etc.) is also part of the rotation.

PM&R

Dr. Roig and the residents generally work with you to design your own two week schedule, tailored to what interests you most. On the first day, students report to the VA for about eight. You may follow a resident for the first day or two, but you will be on your own for the rest of the time. Responsibilities were to interview and examine patients and then present to an attending. Occasionally you will do knee/shoulder injections. This rotation requires an involved credentialing process, so start really early on this one if you didn't complete it during second year.

Radiation Oncology

On the first day of Rad Onc, you will go to the Ochsner Main Campus (on Jeff Hwy) and go to the Radiation Oncology department on the 1st floor at 8 AM. The hours are usually 8 am- 3 pm but can last longer or shorter depending on the day. On Tuesday mornings, you will go to Tumor Board at 7 am. There are various tumor boards throughout the week at Ochsner, but just follow the doctors when they go. You will see patients under treatment once a week. On the other days, there will be new patients to evaluate for treatment and follow up patients who have completed treatment. Dr. Scroggins will let you go see patients before he goes in; with Dr. Hawkins, you mainly shadow. The only down-side to the rotation is that it can be a bit slow at times, so bring your surgery books to read in between.

Radiology

David Smith, MD, an MRI radiologist and assistant professor at UMC, is the student Radiology rotation program director. The student responsibilities during the rotation are much lighter than many other rotations, mostly due to the lack of knowledge students have in the field of radiology, and the overall low expectations for them by the residents and staff. However, students are required to attend both 7:30 AM and noon lectures everyday given by staff and residents. One day a week there is an evening conference to attend. Also, students are required to complete online quizzes and email them to Dr. Smith. The online quizzes were not hard and there was plenty of built in study time. Otherwise, most days students will rotate through the various subspecialties within Radiology, spending half the day in one field, such as Ultrasound, and the other half day in another field. Students are expected to sit quietly with residents and staff and ask pertinent questions about findings, making sure not to intrude too heavily into the physician's time, as there are many images for them to get through. Days end typically between 2:30 and 4. Pay attention and you can learn a lot about reading images in this advanced yet relaxed rotation.

Female Pelvic Medicine & Reconstructive Surgery (FPMRS)

The urology coordinator will contact you with your schedule. Your time on this rotation will be split between OR time and clinic, between UMC, EJGH, Touro, and the St. Charles clinic, and between several different attendings in the Urology and OBGYN departments. Overall, this is a very laidback rotation during which you may feel a little lost going from hospital to hospital. Stick with the schedule that is provided for you, and email the attendings the day before you are scheduled to work with them to confirm when and where you should arrive.

SURGERY

The Surgery block is 9 weeks long: 6 weeks of general surgery, and one 3-week subspecialty elective. Neurology shares this block for a 3-week rotation (additional details in the Neurology section).

Course Coordinator: Tiffany Thomas (ttho41@lsuhsc.edu)

Course Director: Dr. Patrick Greiffenstein (pgrei1@lsuhsc.edu) and Dr. Jeffrey Barton (jbart3@lsuhsc.edu)

Surgery Department Chair: Dr. Robert Batson

The Department of Surgery is located on the 7th Floor 1542 Tulane Ave.

General Surgery

General Surgery is offered at UMC, OLOL in Baton Rouge, and UHC in Lafayette.

Subspecialties

ENT at UHC, OLOL, UMC, Children's Hospital

Orthopedic Surgery at UHC, UMC,

Children's, Kenner Regional

Vascular Surgery at UH, West Jeff or OLOL

Cardiothoracic Surgery at UHC

Pediatric Surgery at Children's Hospital

Plastic Surgery at UMC

Urology Ochsner and EJGH

Neurosurgery at West Jeff

Trauma ICU at UMC

A Typical Day on a Surgery Ward

Your days will vary on each service. It is never predictable what time you will be done or what time you will start. You should arrive at the hospital in the mornings with enough time to pre-round on your patients and write a short note, typically around 5:00 am. Ask an intern or AI to orient you to the patient list and give you expectations of what to do in the morning. The first thing you do is see your patients and write SOAP notes. You will be responsible for seeing and keeping track of 2-4 patients on your team. As the weeks go on, you will become more efficient. You should briefly present your patient to the residents every morning BEFORE you round with staff. The residents will help you with anything you missed and give input on the plan. Presenting to residents is a great way to practice your presentation skills before the real thing with the attendings. Be succinct—this is a rotation that has a very specific way to present and write notes. Everything is problem focused, so don't ramble. When you present, say little but know much (i.e. you don't need to report every lab if they are normal, but be ready to answer with the lab results if the attending asks – it's good to have these written down for your patients for reference, just in case).

This is a rotation where it is helpful to have supplies with you. You will often be responsible for changing your patient's dressing during or after rounds. If you know you will have to change a dressing during rounds, it is a good idea to put the supplies in your patient's room when you see them first thing in the morning. The nurses are typically helpful and can help you find things – ask where the supply rooms are located and take note so you can grab things on your own in the future. You should have one or two of the most used items (pay attention the first few days usually tape, 4x4s, etc). Trauma shears are helpful and you can find them for \$5 on Amazon.

Each service will round at different times. Check with your residents to find out what time rounds will be and give yourself ample time in the morning to pre-round before that time. Rounds are much quicker than most other services and take an hour or so. After rounds, your team will disperse and complete unfinished business – check pending labs, write new orders, complete discharge summaries, etc. On most days, students will be able to scrub into surgery, but keep track of time and attend any scheduled lectures.

After rounding, you will have to update the patient list and complete any other floor duties with your team. Try to anticipate these things and have them prepared ahead of time. At the end of the day, talk with your intern or ask the surgery desk clerk what surgeries are scheduled for the next day so you can read up on them and know where to be at all times.

In the OR, your job is to be helpful— before the case, introduce yourself to the patient and let them know you will be part of the team in the OR with them. “Bird-dog” your patients – keep an eye on the pre-op area and immediately sound the alarm to your residents to let them know when their patient is rolling.

Go into the OR and put on clean gloves (not the sterile ones... just normal blue ones). Help move the patient to the table, ask the scrub nurse if you can grab a pair of gloves and a gown for yourself (and the residents and attending, if they haven't grabbed them yet. It is good to know the sizes of your team), shave the surgical site or stand ready with a roll of tape to get the little hairs when the resident does it, put in Foley's if someone lets you, and don't touch anything blue (the sterile field). It is good to keep conversation quiet and minimal while anesthesia is getting started and before the patient is fully intubated and sedated. Ask the person highest on the chain where you should stand. Scrub nurses will often hand you things they know you will need (like the scissors after they hand the resident a stitch). Be polite and ready for anything. Do not scrub into a case if you haven't thoroughly reviewed the case or are not familiar with the patient. After your case ends, stay with the patient to help clean them up, move them to their bed, and walk with them to the PACU.

CLINIC

Clinics are site- and rotation-specific, but students will typically get to see patients and present to the resident or attending. It is wise to shadow a resident for the first few patients to make sure you know what questions to ask and physical exam to do. Clinics are fast-paced and there is little time to formulate a plan and read up about a patient, so be sure to chart check before

you go into the room to get an idea of what you should be looking for. Start thinking of a differential and plan while you're in the room.

Be sure to always have gloves nearby and any supplies that might be needed (grab a suture removal kit if you think patient's sutures may be removed at that visit). This will increase your chances of getting to help out!

CALL

Call varies at the institutions. See site specific info below for more details. At some locations you will get to go home at the end of the day but will get called back in if something comes up. You are usually expected to meet your resident in the ED for consults. This is at the discretion of the resident and they may not call you in for minor complaints. You will be expected to scrub in for emergency surgeries while on call.

Other places require that you take "in-house" call—particularly, Trauma in NOLA. Some nights will be slow, some nights you won't sleep at all. You are expected to do H&Ps, scrub in for surgery, and be present for all trauma activations. It can be helpful to bring food, water, a change of socks, a toothbrush/toothpaste, deodorant, and a phone charger.

Surgical SOAP Note

1. Check the chart first/ask nurses for updates
 - Read any new orders
 - Read the admit H&P if there is one, find out why the patient is there
 - Scan through any new progress notes
 - Look for consult notes
 - Look at recent vitals, meds that were given overnight, and I&O before you see the patient so you can address these if needed while in the room
2. See the patient: Ask the standard post op questions if the patient has already had surgery. Focus on what is still keeping them in hospital, and how you are going to get them out
 - Is your pain well controlled?
 - Flatus? Bowel movement? Have you eaten anything? If yes, did they tolerate eating without any pain? Any nausea/vomiting?
 - Are they walking around yet? Are they using the incentive spirometer?
 - Physical exam: Focus on whatever is pertinent to their chief complaint and any new problems that developed overnight, inspect wounds/surgical site (unless dressed, resident may prefer to undress the wound themselves on pre-rounds)
 - If they have drains or Foley, look at the output and make of note of **color/amount**
 - If they are on O2, look at vent settings/O2 flow rate for nasal cannula
3. Write your Subjective & Objective of the "SOAP" note
 - **One-liner**→Jane Doe, a 67 y/o F s/p cholecystectomy, POD1.

- **Subjective**
How the patient feels. Basically the answers to the above questions or whatever is relevant if they are not post op. Keep this BRIEF AND CONCISE!
 - **Objective**
Vitals: Given in a range over the previous 24 hours for everything except temp. Record temp maximum and the current temp. NOTICE TRENDS!!!
Ins/Outs (I&O): Total plus the breakdown by NGT output, Chest tube, JP drain if available and always UOP in cc/hr. NOTICE TRENDS.
Physical Exam, including HEENT, CV, Chest, Abd, Ext, Neuro
Indicate the condition of any wounds (incisions, central line placements, drains, etc.)
4. Check labs and or x-rays and add to note
 - Make note of abnormal values and KNOW NORMAL VALUES. Also note any trends from previous days if available
 5. Finish the **A/P**
 - Try to talk to your resident about assessment and plan before rounds. If you don't have the opportunity to do so, use previous notes as a guide but don't copy it directly. As the year goes on, try to come up with the assessment and plan on your own.

At the start of the rotation, print your note out and have it with you to present. As you go through the rotation, you should be able to present without using a note.

Site Specific Info

UMC – New Orleans

The New Orleans rotation is broken up into two, 3-week rotations. Everyone will do 3 weeks of trauma surgery, and then you will do another three weeks of either Colorectal Surgery, Surg Onc, or Cohn's service (randomly assigned). Cohn's service is the general surgery service at UMC. Colorectal surgery is typically the more "intense" of the two. Before emailing the clerkship coordinator with questions, **check the Surgical Manual first!**

Every Tuesday, students attend Tumor Board Conference in which a variety of specialties are in attendance (not just surgical). Every Thursday, students attend Grand Rounds, M&M, and Cohn's Conference. Cohn's Conference is a case conference specifically for students in which students will each present a case each week. The first week of the block, no one is expected to present. Cohn's Conference the first week is led by one of the course directors (either Dr. Barton or Dr. Greiffenstein) during which they'll set the expectations for how to prepare your case presentation. Case conference schedule may be predetermined by the clerkship coordinator. The case presentation consists of a patient presentation and a few slides with information regarding that topic. Throughout and after your presentation, you will most likely be asked a lot of questions about your patient and about your topic. Students in the audience also get asked a lot of questions, so pay attention! Feel free to consult your residents for their opinion on your presentation.

Trauma is separated into three teams: red, black, and white. White is Tulane's team. LSU students are split amongst red and black team. Check AMION or ask the resident for the call schedule. Split up the call dates for your team amongst students. Expect to stay 24+ hours, though you MIGHT have the opportunity to sleep. Make sure you bring some food, and some students brought an extra change of clothes. Call rooms are on 5th floor of Tower 1 and require a passcode to get in. Details are in the Surgical Manual. Trauma also has one clinic day per week. Dress attire is required for clinic day but be prepared to change into scrubs if you are on call that day. Always expect to go to the OR during clinic should a trauma activation occur.

UMC CLINIC

Tuesdays are clinic days in Central Clinic, starting at 8am. You will see the patient on your own and then present it to a resident. Thursday is surgery conference day. Rounds with the attending physician or a lecture start at 7am before conference. Conference is where the residents present their booked OR cases for the upcoming week. You'll need to see all of your patients before this. Be sure to know all of your patients extremely well, especially when rounding with the attending. You can never know too much. The attending will typically pick one or two of the most interesting patients to discuss in great detail, so be prepared if you are the one chosen to present a patient. *This is your time to shine.* Rounds are followed by Pre-Op Conference, and M&M. Afterwards, you are free until afternoon clinic at 1pm. Both Tuesday and Thursday clinics can be pretty hectic, lasting until 5-6 pm.

UMC LECTURES

You will have a schedule of lectures that you are REQUIRED to attend. Sign in sheets are at every lecture. There are also several weekly conferences you are required to attend; these include Morbidity/Mortality report given by residents to Staff, Grand Rounds given by Staff, and student conference where you will present cases to staff.

Pre-Op Conference – It is the medical student's job to prepare pre-op packets for conference. Basically, you will look at the OR schedule for the next week and print out the most recent clinic note and any relevant imaging/path reports for that patient. Make sure each resident has pre-op packets for all of their surgeries at least a day or two before conference so that they have time to prepare. Ask your intern to help you out with this the first time around.

OLOL– Baton Rouge

Get ready to work. Staff physicians are present almost solely to supervise in the OR. The unique aspect of training at OLOL in Gen Surgery is that the residents run the show. Be prepared to work closely with and for them. A noteworthy advantage of this setup is that if you work hard for your residents, you're certain to be rewarded with extraordinary OR opportunities for a 3rd yr medical student. Keep the team's inpatient list updated (residents will show you how to do this)! When updating the inpatient list, ALWAYS exit out of the list and OR schedule (usually OR schedule only edited by residents) when you are finished using it. If you log off your computer without exiting out of the list or OR schedule, it will be locked from everyone else editing it.

While this is largely resident-dependent you can expect to arrive 'around' 5AM +/- . Initially it will take more time to become accustomed to seeing/writing notes on patients. Later in the rotation as you become more competent or if your patient census is lower, 5:30 might be OK. When you arrive, head to the residents lounge to update and print a current patient list (saved on the OLOL resident drive) and start seeing patients. Residents usually want notes done by 6 AM. This is resident-dependent. You may (or may not) round informally w/ a 3rd year resident pre-7AM then walk round with a chief in the afternoon.

After early rounds you may have time to eat before clinic or the first case of the morning, which will usually run around 7am. Clinics are full days Monday and Wednesday and are located at 7373 Perkins Rd. It is the Baton Rouge Clinics, otherwise known as Vista. Monday clinics are new surgery patients and take a while to see each patient. Wednesday clinics are half-day post-op clinics and are very short visits where you take out stitches, staples, and assess for any complications since surgery.

Divide cases between students the night before and read up on them – residents want a student scrubbed in every case. Surgery cases will be held at OLOL and at Vista. Birddog cases for the residents and text them when patients roll and again when the patient is intubated! When you arrive at Vista on OR days, make sure all consents are printed, placed in the chart, and are signed by both the patient and resident.

UHC – Lafayette

More so than many other hospitals, the staff at UHC encourages students to do as much in the OR as you are capable – not just retracting. You will have plenty of opportunities to practice your suturing and knot tying. In addition, their Anesthesia faculty loves to teach but doesn't have any residents or students. You will have formal instruction on intubation and IVs, and after that you can intubate and start IVs on all of your patients and on ENT patients, if you ask. If you really want to do something, it is your job to speak up and say so – don't wait for them to ask if you're interested.

On the first day, you will be split into 2 teams. The teams do the same thing and alternate call days. You will take call every other night and every other weekend. It is home call, but expect to get called to see a patient in the ED most nights. Monday, Wednesday, and Friday are all scheduled operating days. You will have advance notice about what cases will be happening and students usually divide them up and read up on the patient and the procedure before scrubbing the case. The first cases typically start at 7am, and the residents can make morning rounds as early as 5:45am, so you will need to have all of your patients seen well before then so your intern has time to round after you.

Pre-op conference happens on Thursday mornings, and students are expected to put pre-op packets together for the residents by Wednesday afternoon so that they can review the cases. Ask an intern or resident to show you how to do this the first week, and then split the cases up

between students. If you see a patient in clinic and schedule their case, you can earn brownie points by presenting the patient in pre-op conference. Just be sure you know EVERYTHING about the patient and the procedure if you decide to do this (name of procedure, history, other approaches that could be used, etc.). Check in with your resident to review beforehand.

Dr. Chappuis is very hands on when he is in town. He puts a lot of effort into getting to know his students, which is something that is harder to come by than you may think throughout your third year. Because of this, he has very high expectations. READ about your patient's medical problems and about the surgeries that you are going to scrub in on. **He WILL ask you historical questions about who did that operation first, where it was done, where they trained, etc. (this is the easiest way to earn brownie points). Look up the dosing of medications, fluid maintenance, and know how to write post-op orders. If you have downtime, you should go into his OR to watch the case – he will teach students who aren't scrubbed and will share interesting findings. He will expect you to function at the level of an intern by the end of your six weeks.

- Housing: The housing is nice in Lafayette and comes minimally furnished (furniture only). Don't count on having anything in your kitchen or bathroom. The beds are full size and you'll need to bring your own sheets. You will likely have an LSU student roommate (they are two bedroom apartments).
- Meals: students eat for free at UHC. The cafeteria is open for breakfast and lunch. There is also a resident lounge on the third floor with a Keurig and snacks.
- Misc: You'll be given 2 sets of scrubs on an ID badge when you arrive, and you will wear those on OR days. On your first day and all clinic days, you will wear white coat attire. Be sure to have OR shoes in your car on clinic days if you are on call, because cases can get added on.

Study Materials

BOOKS: Picking a couple of resources to focus on to best utilize your time. ***Surgical Recall*** and ***Pestana's Surgery Notes*** are helpful for every day in the hospital. There is a lot of information in these books useful for pimping on rounds. Read it for this purpose (not as a resource to study for the shelf exam). Pestana's is available as an audiobook and can be listened to podcast-style. ***Essentials for Surgery*** is the recommended text and it is LOADED with details. Most people do not read the text but they use it as a reference. Two additional resources are ***NMS Case Files & Case Files: Surgery***.

QUESTIONS: The surgery questions from **UWorld for Step 2** seemed to most accurately reflect the style and content of questions presented on the NBME Shelf Exam. AMBOSS also has an Exam Prep section that students find helpful. Although this is surgery, the shelf exam is heavy on medicine. It may help to review resources from the Medicine block and **Medicine Cardio, Pulm, and GI questions on UWorld**. Some students found the questions in ***Blueprints Q&A Step 2 for Surgery*** to be similar in difficulty to those on the Shelf Exam. Questions in ***Pretest: Surgery and A&L Review of Surgery*** are more difficult.

OTHER: **Online Med Ed** has some helpful lectures for both general and subspecialty surgery. These are useful in getting oriented at the beginning of the rotation and for preparing for the

shelf exam. Make sure to check out relevant medicine lectures (esp. GI) if you've got some extra time before your shelf.

NEUROLOGY

Neurology is a 3 week block that is incorporated in the same block as surgery. You will be divided amongst four different sites in New Orleans: The VA, Gravier Clinics, UMC, or Children's. This is a quick block. Do not let the brevity fool you, **the shelf is not a breeze**. Those long neuro stems are back on this shelf, so make sure you study!

You will be mainly in clinic for this rotation unless assigned to UMC or Childrens, which are inpatient. Make sure you bring a reflex hammer and review your neuro physical exam skills. Most of the time you will be expected to conduct a full neuro exam. Always assume that you need to do a full exam. This goes for all of third year. The attending usually won't fault you for doing a full exam. They somehow always find the things you did not complete on a patient. So... just go for complete exams.

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Clerkship Coordinator: Michelle Snowden (msnow1@lsuhsc.edu)

Resources for studying

The **practice NBME's** are closest to the shelf. **Uworld** and **Pre-Test** are additional practice questions.

TBL's

The Pre-Test chapters that cover the corresponding subjects are very helpful. TBL's were in group format, not IRAT. You will usually have TBL's once a week that are then followed by a resident or attending lead lecture.

Site Specific Details

The VA

Before you start, you will need to pick up your VA badge and obtain access to their EMR. You will be assigned an LSU resident, but often times you might be working with a Tulane resident due to LSU Residency scheduling. Just make sure to get face time with the LSU residents and faculty as you will need an evaluation from one of the LSU faculty. You will have scheduled days to go to a UMC clinic, make sure you note these days and show up to UMC accordingly. The days can vary in the amount of time spent in clinic, but normally clinic does not start until 8 am. The time that you finish will vary greatly though so just try to stay relatively flexible. For the most part, you will not stay past 4/5 pm, and you will often get out earlier than this. You can park in the VA parking garage. Just make sure to take advantage of down time for studying.

Gravier

Gravier clinic is an outpatient clinic of multiple neurologists with different specialties and interests. In addition to general neurology clinic, specific days here are dedicated to multispecialty ALS clinic, MS clinic, Botox headache clinic, and some mornings or afternoons are set aside for EMG studies. The ALS multispecialty clinic in particular is a day that every student will attend at least once. The typical day at Gravier clinic is arriving at 8:30 am, choosing a physician to follow that day by coordinating with the residents, and then seeing the patients before the physician. We would then present the patient to the resident as preparation to present to the attending. Some physicians had different preferences, but usually they were all laid back and liked to receive the presentations from the students. You need to get an evaluation from the attendings, so make sure you work with at least one of them multiple times and practice your presentations. Overall, we would be out around 3:30 or 4 pm after seeing all of the patients and writing notes. Gravier clinic is a student-favorite rotation because of the interesting pathology, good faculty, helpful residents, and standardized outpatient hours.

UMC

The inpatient rotation at UMC offers a wide range of patient exposure to different neurological diseases that are actually high yield for the Neuro Shelf Exam. As a student on the rotation, days will typically begin around 7AM. When you arrive, students are responsible for updating the patient list, then pick up a patient or two to follow, write the note, and be ready to present for rounds. Rounds on this rotation are attending specific, but are typically less traditional than walking rounds on the Internal Medicine service. Rounds are typically Table rounds in the resident room. Just go with the flow. On certain mornings or afternoon, the inpatient students go to help out with outpatient clinics at UMC, particularly Stroke Clinic, Epilepsy Clinic, MS Clinic, etc. Just touch base with your resident to see where you are needed most. When not in clinic, you are helping on the inpatient consulting service by going do H&Ps on consults and running to the ED for stroke activations. LSU and Tulane Neurology rotate call days every other day so as a student you will be on call during the week every other day with your team. The days you are on call residents typically let you go around 4-5pm. On non-call days, it's variant depending on when work and rounds are complete for the day. Finally, there is no call on the weekends for this rotation, so you will not be expected to go in on those days. Overall, it is a quick rotation that allows you to hone in on your Neuro exam skills with lots of variant neuropathology including workup and management of strokes, seizures, autoimmune neurologic disease, and meningitis.

Children's

Neuro rotation at Children's is entirely inpatient with two adult clinic days worked into the schedule. The team consists of a pediatric neurology resident (4th/5th year), adult neurology residents from Tulane and LSU and pediatric residents. Home base is on the 6th floor in the conference room/dictation room. You usually arrive at Children's for overnight checkout at 7am with the pediatric resident. After reporting overnight events to the rest of the team, the patients are divided amongst the team and you will go see your assigned patients. Notes are

often required for at least one patient but be prepared to present on all your patients. Rounds with the attending usually begin mid-late morning. Occasionally you may go to morning report or grand rounds. Rounds can be quick or take all day, depending on the complexity of the patients and who the attending is. You may go to review EEGs or imaging in radiology during rounds as well. Some days there may be lumbar punctures or other small procedures during lunch time. Most days ended around 5pm. Definitely bring study material for downtime. The attendings are very helpful as are the residents. If you are interested in pediatrics, this is a great rotation to get comfortable with a pediatric neuro exam, which can be complicated by age or cooperation.

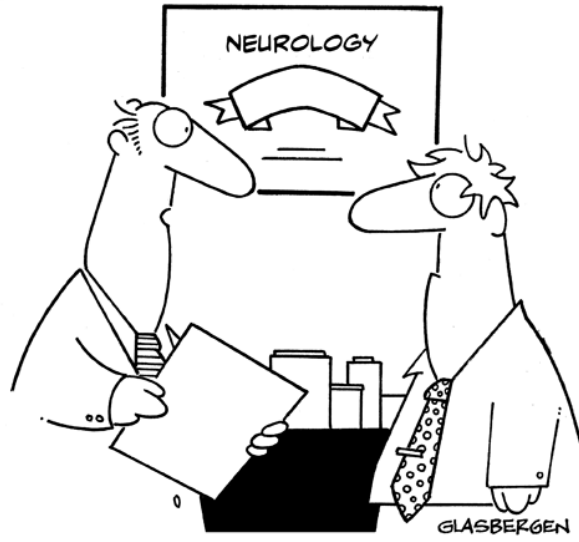
LGMC in Lafayette

Dr. Foreman will ask you to be there between 8-8:30 every day. His first scheduled appointment is at 8 however since they are typically not roomed and ready until 8:30, he tells you to show up then.

He does not require you to see patients on your own- and even if you ask, he will generally tell you no. He prefers to see as many patients as he can as fast as he can and hope that the learning will follow suit. The only way you will see patients by yourself is if he has a resident rotating on his service. If so, make good use of this time to try and get some good neuro exams in because this will just about be your only opportunity to do so.

The morning portion of the day is usually done some time between 11:30 and noon. He will tell you to grab lunch and return sometime between 1 and 1:30 PM. During this time, I would go into the resident's lounge on the floor above his office and relax. Some other students even went home for lunch if you feel like you have enough time, and the travel would be worth it. If he is doing a procedure like Botox for headaches or injections for neuropathic pain, do not feel shy to ask to do one. If he has already done one with you, he will most likely allow you to do the next one if the patient is okay with it. Most of the time the patients are very nice and are open to you doing their procedure. Be confident and go for it!

In general, this is a very relaxed yet fast paced rotation. It will most likely be the easiest rotation that you do so take advantage of it. There are little to no expectations on this rotation so if you show up on time and are moderately engaged, there is no reason you should not get an A for the clinical portion.



"I have the results of your brain scan. We found evidence of extensive PowerPoint damage."

PSYCHIATRY

Psychiatry is very different from the rest of third year and most medical fields. The general approach to the patient is the same. In the ED, you'd start with the history and physical, run labs, make a diagnosis and treat with medication, but what is included in each aspect is completely different. The H+P for psych includes much more subjective documentation from the patient and his/her collaterals and the health care provider. Your "physical" as a third year student on psychiatry should only consist of a complete a mental status exam (MSE).

Course Coordinator: Dee Bonvillian (dbonvi@lsuhsc.edu)

Course Director: Dr. Erin Capone (ecapon@lsuhsc.edu)

TYPICAL DAY

This six-week rotation tends to be less demanding than many of the others during the third year. Generally, you work from 7am to about noon at your primary site. Occasionally, case conferences are presented around lunch time at 1542 Tulane Ave. There is usually a TBL one afternoon per week. Additionally, one day per week is spent at a secondary site.

The general day-to-day activities on the wards are very similar to other rotations. Most students follow between one and three patients. You will see your patients and write progress notes in the mornings before rounds. Staff will round with the students and the residents and make any adjustments to the medications. Some days, your team will have a group meeting with all the patients at one time; other days, staff may not see the patients at all. Everything depends on the style of the staff and how he or she runs the team.

Call for non- Children's students involves 3 weekend days of "Note Writing" days and 3 weekend days in the BHER. Children's students are required to do 3 weekend days in the BHER in addition to splitting Saturday call the rest of the rotation.

Study Materials

First Aid for Psychiatry

This book is pretty much the go-to for the psychiatry shelf. If you review this and do the UWorld questions, you should do well. It's pretty short and a quick read, so if you can get through it in the last two days before the shelf, you should be good to go!

Online Med Ed

A free video lecture series. Gold-standard for your third-year if you like video lectures!

Case Files: Psychiatry

This book is simply just a presentation of cases vignette style and goes into more detail of the disease process presented. This book is not all-inclusive, so you may want to use another source to study.

Blueprints in Psychiatry

This book is a good foundation for your psychiatric experience but tends to leave out a lot of the important details. It is worth reading in the beginning to obtain a basic understanding of the diseases and the drugs.

BRS Psychiatry

This book has it all. Although it is fairly long and denser than Blueprints, it is quite comprehensive. It provides adequate explanations of the diseases, drugs, and theories associated with Psychiatry. The questions at the end of the chapters and the comprehensive test in the back are excellent. Some students felt these were the most representative questions for the exam.

PreTest for Psychiatry

The questions in this book are not really vignette style and the information tends to be a little random and very detailed. Doing these questions might be more frustrating than anything else. Some of the content is good -- if you have extra time, do select sections in your weakest areas.

Andreasen and Black

This is the recommended text. It's a good primer on psychiatric illness and treatment. You will be assigned readings from this textbook for the afternoon faculty lectures; however, Ms. Erina will send a file of the scanned chapters so you don't actually have to buy the book. Of note, the readings can be pretty long, so make sure to start early in the week!

Site Specific Info – PRIMARY sites

Ochsner

For the inpatient psychiatry unit services with Drs. Galarneau and Keister, there is one social worker and several nurses/therapists who work with both doctors, all of whom are very nice and helpful. You aren't expected to write notes in the morning, but they expect you to pick up 1 or 2 patients and talk with them on your own and write notes on them after treatment sessions, although this can be variable depending on your resident. You aren't expected to interview the patients, but sometimes he will give you specific topics to talk about with your patient that afternoon. Rounds are usually done by 12pm, so once you finish talking to and writing on your patient, you can leave. The consult liaison service with Dr. Knight and Dr. Mashburn is considered more intense (in psychiatry terms, at least) compared with the inpatient psychiatry unit. The team typically meets at 8AM in the Psychiatry office on the 4th floor of the Brent House Hotel to go over the patient list. From there, you'll go see the current

patients and the new psychiatry consults that came in overnight. The team reconvenes in the afternoon to meet with Dr. Knight and Dr. Mashburn for rounds, which may end anywhere between 3-5pm depending on patient load.

CALL→There is no night call, but one student must be on call each weekend day. The staff and resident will usually be someone you don't know, so look on the schedule to see who they are and try to contact them before the weekend to find out what time to be there. Weekends are more involved and a good time to practice interviewing and writing on patients on your own. You will usually get there around 8am, but depending on which staff you are with, you may leave as early as 11am or as late as 5pm.

University Hospital – BHER

The Behavior Health ER is located on the second floor of UMC with the other areas of the Emergency Room. Life at the BHER runs a little differently than any other site for this rotation. Since these patients are all acutely ill there is slightly more detective work that needs to be done (i.e., calling relatives, teasing out any prior diagnoses, figuring out why they are here now, and asking if they are having any homicidal or suicidal ideations).

Work starts at 7:30 in the morning. Because of the acute nature of patient care at the BHER, you usually won't see your patients more than two days per visit. Also, since we are technically an emergency psychiatric extension, there are only two plans possible: discharge the patient home or admit patient to an inpatient psychiatric facility with PEC (and hopefully CEC). We do not work out long-term plans for these patients. Instead, we work to get these patients placed in available facilities, and usually work to get them into the facility with which they are familiar. The rounding time can vary depending on staff, so just be sure to ask your resident what time you should have your notes finished. In general, the day is over around lunch (usually between 11-12). One student is expected to return in the afternoon to help admit new patients. The afternoon students are usually dismissed by 4pm.

Of note, it is important to be aware that the BHER is often the first place these patients come when they are in need of immediate psychiatric help. Several of the patients are homicidal/suicidal, delusional, and occasionally dangerous. The residents and staff will give you recommendations for dress/behavior. (We were told that men should not wear ties and ladies should not wear high heels.) Guards and other nursing staff will always carefully supervise you during patient interactions to ensure your safety.

UMC Inpatient Unit

Your day will start at 7 a.m. on average and you'll see and write notes on approximately 3-4 patients. You will have at least one resident on your team. Rounds with the attendings vary in start times from 8 a.m. to 11 a.m. On rounds, you will discuss each patient with the multidisciplinary team and then the group will interview any new admits, discharges, and patients with acute changes.

One or two mornings a week there is a group session with the residents on your floor and the team that you will attend. After rounds, you finish up the paperwork, update the list, and then you can go home at the earliest around 12 noon- 1 p.m. depending on the needs of the team.

Children's Hospital Calhoun Campus

In this rotation you spend 6 weeks at the Children's Hospital Calhoun campus, which is an in-patient children's psychiatry service. You work with either Dr. Williams practicing late adolescent psychiatry, Dr. Hanna practicing early adolescent psychiatry, or with Dr. Roi practicing child and pre-adolescent psychiatry. Child psych issues manifest differently than in adults, so while you will get a good appreciation of childhood anxiety, depression, and early signs of schizophrenia, you will never see classic adult issues.

Hours at Calhoun typically run from 7 am to 1-2 pm. When you arrive in the morning, update the white board with patients' names and length of stay. Divide new patients among students. Generally speaking, it is best to get collateral (e.g. parents, other family, etc. that have primary guardianship of patient) prior to seeing your patient. Make sure to mark on the white board with your initials and date that you talked to collateral. Next, you will do the psychiatric evaluation for your patient, using the appropriate template (ask your resident to share it with you). IF pressed for time, do your evaluation prior to obtaining collateral. Typically, this note is saved as a treatment summary rather than med student note so the attending can edit. Treatment team typically starts at 9 am. Once treatment team is complete, be prepared to split up patients on the team and give telephone updates regarding each patient's progress. After this, you usually get sent home. As you get more experienced, you will be able to conduct the treatment team interview on the patients you have seen.

Medical students at Children's are expected to divide weekend call evenly amongst themselves. Weekend call is run like a normal day.

Baton Rouge

Psych in BR is broken into inpatient for 4 weeks and consults for 2 weeks. Inpatient will be at either St. Clare, a lower-acuity facility, or One North, a more acute setting. During this time, you'll spend one afternoon each week in EMBH, the psych emergency room at the Lake. You'll also have TBL-style didactic sessions 1-2x weekly, along with Grand Rounds with the psych program one day / week. Lunch is typically provided at Grand Rounds.

St. Clare: St. Clare unit is a lower-acuity inpatient psych facility that is across Essen from the main Lake campus on Margaret Ann Ave located in the Tau Center building. Patients you'll treat at St. Clare will typically be struggling with depression/suicidality, anxiety, addiction, and personality disorders. Your team here will typically be one med student, one resident and the attending. Days here typically started around 7:30-8 am so that you can update the IPASS handoff, see your patients, and be ready to discuss with the attending around 9:30 am. Ask

your resident how to update the IPASS handoff, and print a copy for your attending as well as the consult note for any new patients. You'll then go out to the unit and interview the patients again as a team, and then may go to treatment team meetings, follow-up with social work, etc. You'll typically meet in the early afternoon again with the team to finalize plans and go over any updates, after which you'll be dismissed. There is a cafeteria at the Tau Center. Residents eat free there.

One North: These are much more acute patients. It may be quite intimidating. Dr. Watson likes help with updating the IPASS handoffs. She also likes it if you are able to keep track of which patients need a fasting glucose, HbA1C, and lipids done. Any patient started on antipsychotics need these done before discharge. A POC glucose done in the AM can count as a fasting glucose.

Lafayette

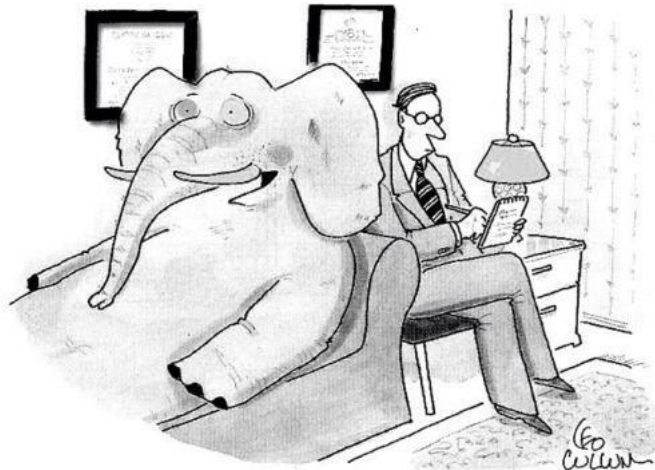
You will be rotating at Tyler Mental Health with Dr. Diggs. He will tell you to get there at 8 AM but he will not really show up until 8:30 more realistically. He only requires you to do a half day with usually consists of no more than 2-3 patients if everyone shows up. This is a shadowing opportunity. You will not see any patients alone or write any notes. Enjoy how chilled this rotation is and take advantage of the free time to study. Historically, there has been no inpatient or ER rotation in Lafayette however this past year they did hire a new Psychiatry staff who does see inpatient consults so they are working on getting an inpatient service going for students in the future.

Outside Activities

Note: In light of COVID, some of these outside requirements may be waived.

You will have to attend one Alcoholics Anonymous (AA) meetings during the six weeks. You can go at any time, and we recommend going early in the rotation. There is a list of meetings available on the Internet (<http://www.aaneworleans.org/>). You may attend any "open" meeting that is located off-campus; they are held all over town all day long.

As noted above, you also have to spend one day per week at a secondary site. You will be able to rank your choices for secondary sites and Ms. Erina will assign you to one. Each site is different with regard to your daily duties so make sure you ask what will be expected of you. You will receive an evaluation from your secondary site resident or staff.



"I'm right there in the room, and no one even acknowledges me."

OBSTETRICS/GYNECOLOGY

OB/GYN is a six-week rotation that introduces the medical student to the basics of labor and delivery (L&D), gynecological exam, and gynecological surgery. Students are assigned to rotations at UHC/Lafayette General in Lafayette, Women's in Baton Rouge, and UMC, East Jefferson, and Touro in New Orleans. Although the daily schedules are different at each of the locations, students will learn how to perform basic pelvic exams, deliver babies both by c-section and vaginally, and observe and scrub-in on various gynecologic surgeries like hysterectomies.

This specialty is notorious for the excessive use of acronyms. Try to learn the lingo early. *It isn't a bad idea to carry around a cheat-sheet of acronyms in your white coat.* Notes and presentations on this service are similar to your surgery notes—short-and-sweet, with some additional information about obstetric and gyn-specific history.

This is one of the tougher rotations in terms of time-commitment. While call varies among the sites, students can expect at least 3-5 call evenings. During these calls, students will help residents write admit H&P's, check labs, assess a patient's ongoing labor, aid in deliveries, and handle routine postpartum issues.

Every Friday in New Orleans there are TBLs with assigned readings from Blueprints. These are worth 30% of your clerkship grade (IRAT= 35%; GRAT=65%). While the chapters in blueprints are long, they are helpful for the TBL and the shelf.

Study time on this rotation is limited, but it is manageable in relation to the amount of material. Helpful resources on this rotation include Uworld, UWorld question bank, Online MedEd, Blueprints, and a podcast called Pimped. There are more details on these resources below.

The same advice is relevant for this rotation as for all: be interested, helpful, and energetic. It's an investment in your education, your happiness, and your grade. Good luck and enjoy! It is a unique specialty and showing initiative can take you a long way.

Clerkship Coordinator New Orleans: Kathy Cantrell (kcantr1@lsuhsc.edu)

Clerkship Coordinator Lafayette: Kim Gibson (kgibs4@lsuhsc.edu)

Clerkship Directors: Dr. Jaime Alleyn (jalle1@lsuhsc.edu) and Dr. La'Nasha Tanner-Sanders (ltanne@lsuhsc.edu)

Clerkship Site Director Baton Rouge: Dr. Lakedra Pam (lpam@lsuhsc.edu)

OB/GYN-Style Notes

EXAMPLE OF LABOR AND DELIVERY SOAP NOTE

S: 23 y/o G2P2 PPD 1 s/p SVD. Pt resting comfortably. Minimal pain and bleeding. Ambulating OOB and breastfeeding every 3 hours.

O: VS: BP 120/72 Tm 98.2 P 102. Fundus palpable below the level of the umbilicus. Minimal lochia on the peripad.

A/P: 23 y.o. G2P2002 PPD 1 s/p SVD, stable and doing well. Place nexplanon before discharge home. Continue routine post-partum care.

EXAMPLE OF LABOR AND DELIVERY HISTORY AND PHYSICAL

Ms. First Name, Last Name is 23 y.o. G2P1001 at 39w2d by LMP consistent with an 18 week ultrasound presenting with a 4-hour history of uterine contractions. She denies loss of fluid or vaginal bleeding. She reports active fetal movement.

Pregnancy has been complicated by: _____. POB: '99 - NSVD of 7#6oz F at 40 wks.

Pregnancy NOT complicated by gestational diabetes, preeclampsia, infections or hemorrhage

PGYN: No STD's, no abnl paps

PMH: no chronic illness or hospitalizations PSH: wisdom teeth extraction

All: PCN causes rash

Meds: PNV

Soc: Patient lives at home with husband and 3 year old child. She denies use

Tobacco/Alcohol/Drug FHX: no history of DVT or coagulopathy

Prenatal LABS: A+/Antibody Neg/RPR NR/RI/Pap wnl/Glucola 95/HbsAg neg/GC neg/Chlam neg/GBS +

PE: VS:

Gen:

Pulm:

CV:

Abd: Gravid, NT, CEFW = 3600 gm SVE: 4/75/-1/vtx

EFM: 150, mod var, +accels, no decels TOCO: ctx q6min

A/P: This is a 23 y.o. G2P1001 at 39w2d presenting in active labor with an uncomplicated pregnancy

1) Labor: Admit for labor management. AROM when 4-hours of antibiotics are on board.

Epidural for pain control prn

2) Fetal well-being: Fetal status reassuring 3) GBS +: Pt has mild PCN allergy, use Kefzol 2 gm IV q6 hr

(See what we mean about the abbreviations and acronyms?)

Study Tools

UWise is an online question bank. You will be assigned questions to complete from UWise and will be required proof of completion of those questions to the clerkship coordinator. In total, you will have access to about 600 questions that are very similar to the ones that appear on the shelf. Definitely try to make it through as many of these as you can!

UWorld is very good, but the OBGYN question bank is relatively small. An additional question source may be useful.

Blueprints is the primary text for this course and the basis for the TBLs. It's comprehensive but long, so if you find yourself pressed for time, at least read the end-of-chapter summaries.

Online Med Ed is the free online video lecture series that many students found helpful. It's definitely not sufficient as your sole resource, but it's a good review/supplement.

Pimped is a podcast created by an OBGyn. She provides you with answers and explanations for the most commonly used topics and Pimp questions on the rotation.

Site Specific Info

Touro/UMC– New Orleans

You will start on either gynecology, obstetrics, or gynecology-oncology services. All students will rotate on L&D at Touro, half will also do gyn and gyn-onc at Touro while the other half will do it at UMC.

While at Touro, you will work closely with the LSU residents and assist them in following patients of both LSU staff and some private physicians. With them, you will visit inpatients,

attend deliveries, and observe or assist in various surgical procedures in the OR. Scrubs are acceptable attire for all occasions except for when otherwise noted by your team or the clerkship directors

Mornings will start anywhere from 5–7 am, depending on the service. Obstetrics team generally arrives at 5 am. The day ends around 5:30–6 pm after responsibilities have been handed over to the night float team at checkout. The day-to-day is highly variable, so be prepared to assist in both vaginal deliveries and C-sections at any point during the day. Every morning, students round on post-delivery/op patients and prepare an assessment/plan. You will not write notes in Epic but will prepare a SOAP presentation for rounds. After rounds, you will follow a laboring patient. Some days will have a lot of down time in which you will have to opportunity to study or may be expected to prepare presentations on Obstetric topics to residents and attendings. Benign Gynecology and Gynecology/ Oncology often share the same residents and fellows. These two services generally run the same as you arrive around 5:30 am and round with just the residents. After rounds, be prepared to be in the OR around 7:30 am. Benign Gyn will likely offer you more opportunity to scrub in as many of the Gyn/Onc cases are robotics.

Each student will be assigned to a preceptor, who will write your evaluation for the clerkship. Once per week you attend private clinic with your preceptor. This is a great opportunity for one-on-one faculty time and experience with pelvic exams and pap smears.

Call → 3 times throughout the six weeks. Weekday call starts when the day teams hand off to the night team at checkout. You are not required to spend the night and can leave at 11pm, however students are encouraged to stay if they feel it would be a beneficial learning opportunity. Only on-call students work weekends. Study materials and snacks are good to bring on call days, as well as cash if you want to order dinner with the night team.

East Jefferson Hospital – New Orleans

If you are assigned East Jefferson General Hospital, your entire clerkship experience will follow a preceptor model. You will be assigned to a private OB/GYN group, who will serve as your preceptors in the field. With them, you will visit inpatients, attend deliveries and surgeries, and observe or assist in their private practice office during most of the day. This rotation gives you a good feel for life as an OB/GYN in private practice.

Dr. Baur is the main person in charge of students there, and she will give you a schedule of which doctor you rotate with each day and when you are on call. Call consists of home call once per week as well as one weekend during which you will come in each day to round on patients. After weekend rounds, call resumes from home if there is nothing going on. You can write your name and phone number on the wipe-off board in L&D so that the nurses can call you if anything is going on; however, the doctor on call is usually the one who calls you, so be sure to give them your number also.

Students write daily progress notes on whichever patients' surgeries/deliveries they attended. There is no formal rounding time. Some staff show up before clinic so notes should be done around 7:00-7:30; however, some check on patients whenever they have a break during the day. You can present to staff during clinic if they have time, although presenting is not required. After writing notes/attending surgeries, report to clinic with your assigned doctor. Clinic normally goes from 8:00 am to about 4:30- 5:00 pm, depending on the number of patients scheduled.

Your clerkship evaluation will be completed by Dr. Baur with input from the other physicians in the group. Overall, the rotation is enjoyable, the staff is fantastic, and the attendings are all wonderful.

UHC – Lafayette

The Lafayette rotation is split into 2 parts: 3 weeks of OB at Lafayette General, and 3 weeks of Gyn at UHC.

Gyn:

Clinics: Gyn clinic occurs Monday/Friday mornings and all day on Wednesday; uro-gynecology clinic occurs every other Monday afternoon. All of these clinics are extremely busy, so clinic days will be hectic but excellent learning experiences. Students are expected to see the patient first, do an H&P, and then present to the resident. There are basic history templates available in the resident room that serve as the framework for the patient interview so that you make sure you don't miss any important information. There are also plenty of opportunities to perform speculum exams, Pap smears, and IUD/Nexplanon insertions and removals.

OR time: Surgery days occur on Tuesday & Thursdays beginning at 7:30AM. There are usually four surgeries scheduled per day, 2 larger operations and 2 minor surgeries. You are expected to scrub in on the major surgeries and be ready to answer any questions, especially anatomy questions; however, students do not usually participate much in the surgeries. On minor procedures, you are expected to remain in the OR and observe, but there is usually not enough room to actually scrub in. You can request a camera set up in the OR so that you can get a better look at the procedure. Usually, OR days last until about 3:00.

Lafayette General – Lafayette

You will spend 3 weeks at Lafayette General for OB. Days will generally last from 7:00-5:00; you'll show up in the morning, round on any postpartum patients, and then monitor any patients who are in labor. Ask the residents whom you should follow; LSU patients take first priority, but some of the private doctors are open to having students in deliveries as well. The staff encourages "hands-on" participation from students, so as long as there are no complications, you'll be the primary person bringing the baby into the world! This is an incredibly cool (and slightly terrifying) experience, but the staff and residents will go over the steps of the delivery, and they'll be there to talk you through it. If you're not following a patient in labor, most of the day is spent sitting in the team room, so

make sure to take advantage of all this study time!

Additionally, one student from the OB team needs to present at OB clinic at UHC. OB clinic is usually on Tuesdays and Thursdays. Check with Dr. Skrasek for more information.

Additional info:

Each student assigned to the OB/Gyn rotation in Lafayette will be given a preceptor to shadow throughout the six weeks. You will work with your preceptor as little as once a week and as much as three times a week, depending on what each preceptor has going on in their practice. Plus FREE FOOD in Lafayette for students!!

Conferences/Presentations: Grand rounds are at 7:30 on Wednesday mornings. You will round on patients and write notes prior to conference, and afterwards you will head straight to clinic. Also, the staff will have you prepare a presentation on a relevant OB or GYN topic to present to the team.

Scrubs are acceptable attire for the entire rotation, including clinic days. There's no required overnight or weekend call.

Women's – Baton Rouge

Students rotate through two three-week rotations: OB and GYN. The schedule varies depending on which part of the rotation you are on. Typical duties include: patient notes, rounds, attending conferences, and working the associated clinics for your service. You will scrub in on GYN surgeries on your scheduled surgery days. During Gyn/Onc, you will operate Monday through Wednesday. A schedule will be given during orientation. This rotation is very organized and they tell you essentially what they expect of you at orientation.

Call nights will be on labor and delivery and usually only one student is on call with residents and a staff member. This is a great opportunity for catching babies!!! You stay at the hospital, do assessments on women who show up in the ER, and do hourly/ every 2 hour cervical checks on women in labor.

Call is from evening check out till... More information on call hours will be given during orientation. On weekdays, you should arrive to see your patients in the morning and round with the team. If you are on L&D, stay with the OB team and assist with deliveries and seeing patients in the assessment center. Otherwise, head to your clinic duties (see schedule given at orientation).



**"Congratulation on your medical degree, son ...
you owe me \$300,000 for school loans."**

PEDIATRICS

The pediatrics block is an 8 week rotation, usually broken into three different sections:

1. Wards (four weeks)
2. NICU (two weeks)
3. Clinics/Ambulatory (two weeks)

**Of note, there may be some changes to the structure of the pediatrics clerkship this year (2019-20). We do not foresee it vastly affecting the information provided in this section, but keep this in mind as you read ahead.

Your Peds rotation is one in which you will learn a great deal about common pediatric problems, as well as having the opportunity to work in the NICU. Remember to wash your hands OFTEN during pediatrics...this will not only protect the patients, but also YOU, the medical student (who is historically known to contract quite a few colds & “GI bugs” during their pediatrics rotation).

The pediatric rotation has small group learning integrated into its curriculum. You will meet with 4-5 of your classmates and 1 faculty mentor ~once a week during your rotation for “forums”. These are important because your participation during forums comprise 30% of your grade. Small group forums are required attendance -- be sure to let your team know when you will be out and work with the coordinator to make up this time. You will need to read before each group. Usually the staff will go around the group and ask questions based on the assignments. Your response and participation during these sessions will affect your grade!

Clerkship Coordinator: Ms. Sheri Russel (sruss2@lsuhsc.edu)

Course Director: Dr. Amy Prudhomme (aprudh@lsuhsc.edu) and Dr. Jessica Patrick (jpatri@lsuhsc.edu)

A Typical Day

Wards

You will function as a member of a team and see patients, write notes, round with staff, and take call. You will usually have to see your patients *before* going to morning report at 8 a.m. You will arrive at 6:30am to get check out from the night float team and learn about new admits overnight. You will then have the opportunity to see your patients and can usually write notes before morning report or you will have some time after morning report to finish notes before rounds with the attending start. Students are required to attend morning report during their wards month and during their NICU rotation. You will conference in to morning report and

noon conference if based at Touro for NICU. Rule of thumb: follow your residents and do what they say. They are very helpful and a great resource for you on this rotation!

During this month (or at another time if there are scheduling issues), you will also be expected to complete a staff observed H&P. This H&P must be written/typed up and evaluated by an assigned staff doctor. For most students this a positive experience and a great opportunity to gain feedback from a staff physician regarding improving your H&P skills. Contact your assigned preceptor *early* to set up a time to do the Observed H&P.

New this year (2019-20): The wards teams are now combined with Tulane. You will have combined wards teams with both Tulane students and Tulane residents.

Pediatrics-Specific Questions for Rounds on Wards

- If running a fever, how the temperature was taken (oral, rectal, axillary, etc.)
- If running a fever, any pulling on ears, sick contacts, day care attendance, or rash
- If sick at all, how are they sleeping, eating, and are they playing normally
- If still in diapers, are they producing a normal number of wet diapers in a day (a ↓ number can signal dehydration), normal appearing/smelling urine. How many dirty diapers and are the stools normal.
- Diet: breast or bottle fed; if bottle fed, ask specifically how they prepare the formula (if they dilute it too much in order to make it last longer the baby may not get enough calories) and what kind of formula; how many ounces they take (or how long on each breast) and how often; any table or baby food
- At what age did they roll over, smile, sit up, etc (milestones are important – start working on memorizing these early)
- Immunizations – are they up to date or have they missed any shots. If they missed shots, why. (Did the parents request the shots be held, were they sick at that appointment, etc.)
- Birth history - Were they premature (less than 37 weeks) or full term? Was there any NICU or prolonged hospital stay? Vaginal or C-section delivery? If C-section, why did they do it (repeat C- section, baby was in distress, mom was sick, etc.)
- Don't forget to ask about any medical problems, surgeries, medicines, or allergies.

Ambulatory Clinics

This is the portion of your Peds rotation that will allow you to have the most free/study time. You will receive your clinic schedule during orientation. Most of the clinics are located near the yellow/green elevators, however some are located off campus (like Tiger Care, located on Canal St. near school).

Neonatal Intensive Care Unit

The NICU may seem very intimidating as many of the infants (especially at CHNOLA) have a multitude of very serious medical problems. You will be assigned anywhere from two to four patients daily. Typically, after writing notes on your patients & taking care of any loose ends, students, residents & staff will round on the patients in the NICU. You should have all the input,

output, TPN/PPN calculations done before rounds. See below or on the Pediatrics Moodle page for relevant NICU calculations.

The rotations at Children's Hospital and Touro are VERY different. The babies at Children's are REALLY sick and come from a several state radius for advanced care. The babies at Touro are "feeders and growers." They are primarily just too small to go home and need some special attention. You will learn the topics you need to know at either place, but at Children's you may actually see some of the more severe scenarios versus just discussing and reviewing these possible scenarios with the attending at Touro.

Some pearls to help you transition into the NICU

- You are required to scrub with surgical scrub for 3 minutes each morning before seeing your first patient. If your nails go beyond your fingertip, clean under them EACH MORNING when you scrub in. Many NICUs do not allow artificial nails or nail polish to be worn when caring for babies.
- Do not wear your coat or jewelry while examining the infants. Wash your hands immediately upon entering the NICU and before seeing each patient. If it's cold outside and you're wearing a long sleeve shirt under your scrubs, roll your sleeves up.
- You do not need to bring your stethoscope into the NICU. Each patient has their own specific stethoscope you may use kept at the bedside.
- The NICU nurses are very protective of their patients. Always ask before taking something and ask when they are going to do their exam in the morning if the patient is especially sick. Coordinating exams reduces the stress on the infant; however, if you are unable to coordinate the exam with the nurse, this does not mean you don't have to do one. The bottom line: be respectful of the NICU nurses, treat them well, and you will have no problems. The NICU nurses are all phenomenal and are willing to teach you, so ask them for advice and guidance!
- Most days end around mid-afternoon/early evening. Be prepared to stay later if you are on call.
- **When you unwrap a baby to do an exam, make sure you rewrap them when you're done and put them back in the position you found them!**

Important NICU Formulas – These are calculated for EVERY NICU BABY and appear in daily notes

INTAKE:

$(\# \text{ cc's of fluid intake in past 24 hours}) / (\text{weight in kg}) = \text{cc/kg/d}$

**This includes ALL fluid intake (IVF's and formula)

KCAL: *(always separately calculate infant formula and TPN kcals)*

1. Formula:

$(\# \text{ cc's of formula past 24 hours}) * (\text{kcal of formula} / 30\text{cc}) = \text{kcal from formula}$

**kcal of formula may be 20, 22 or 24; Check the formula label for each patient

2. TPN:

Carbs: $(\% \text{ dextrose}) * (3.4 \text{ kcal / kg}) * (\# \text{ cc's of TPN in 24 h.}) = \text{kcal from TPN carbs}$

Lipids: $2 * \text{volume of lipids received} = \text{kcal from TPN lipids}$

Protein: ignore ~ not calculated

**Add kcals from formula, carbs, and lipids = total kcals

Divide total kcals by patients weight in kilograms = **kcal/kg/d

Common pimp question: A baby needs at least **120kcal/kg/day in order to grow.

OUTPUT:

$(\text{cc's output}) / (24) = \text{cc's / hr} (\text{cc's/hr}) / \text{Weight in kg} = \text{cc/kg/hr}$

**remember to include the quantity and quality of stools in your note

An adequate Urine Output = **1cc/kg/hr

EXAMPLE CALCULATION:

22 cc's of dextrose 12.5%? Calculate kcal's...

1. $(22 \text{ cc}) * (12.5\text{g}/100\text{cc}) * (3.4 \text{ kcal/g}) = 9.35 \text{ kcal of carbs}$

185.6 cc's of D 10 & 38 cc's of PEF 24? Calculate the kcal/kg/day... (the pt weighs 2.01 kg)

1. $(185.6 \text{ cc}) * (10\text{g}/100\text{cc}) * (3.4\text{kcal/g}) = 63 \text{ kcal from carbs}$

2. $(38 \text{ cc}) * (24 / 30) = 30 \text{ kcal from formula}$

3. $63 \text{ kcal} + 30 \text{ kcal} = 93 \text{ kcal total}$

4. $93 \text{ kcal} / 2.01 \text{ kg} = 46 \text{ kcal/kg/day}$

Books/Study Aids

UWORLD – no explanation needed. Do the Q's.

Online Med Ed—Online video lecture series that many students found to be helpful in preparing for both the rotation and the exam.

Step 2 Pediatrics ZANKI – Helps you learn all the criteria for the various syndromes which take just pure memorization

Blueprints in Pediatrics – this is a good resource to have when on peds; simple, basic concepts that are frequently tested are covered. Read it once or twice and be sure to complete all of the questions at end of book ~ they are very high yield

NMS Step 2 Question Book – you really will need this question book for every rotation, so if peds is your first rotation, you should invest in it now if at all possible. Completing *all* of the peds questions will be of great value to you when taking your shelf exam

Pretest: Pediatrics – has 500 questions with explanations. Most people will tell you that the key to doing well on shelf test is doing a lot of questions. This is an easy read and can be found at the book store.

NMS Pediatrics – more in depth, nice backup book to have; questions at end of each chapter give nice subject specific review

Harriet Lane Pediatric Handbook – Great reference textbook. This is what your residents and attendings will refer you to while on rounds. Purchase this if you are interested in becoming a pediatrician, otherwise it is unnecessary since almost all ward floors, NICU and resident's have copies that you can access at any time. Also, if you purchase this, it usually comes with a code where you can download the book.

Site Specific Info

Children's Hospital – New Orleans

Students are randomly/alphabetically divided into six possible teams; you will spend a total of two weeks on *two* of the four teams (either Nephrology/GI and Green, or Purple and Heme-Onc, thereby giving you a total of one month on wards).

1. Purple: General Peds with hospitalist physicians
2. Green: General Peds with hospitalist physicians
3. Gold: Third hospitalist team during the heavy season (fall and winter)
4. Heme-Onc
5. Nephrology
6. GI (gastrointestinal)

Rounds typically take place between morning report and noon conference. Most teams do family-centered “walk rounds” where the attending, residents, students, and possibly a charge nurse or social worker will walk from room to room and discuss the patient while in the room with the patient and family. Avoid medical jargon and **be sensitive to issues that may not have been discussed with the parents**. Other teams do traditional table rounds where the team sits in a conference room to discuss each patient on the service. There may be a combination of walk rounds and table rounds throughout your ward and consults months.

If you know your patient is going home, most residents are going to want you to write the discharge summary for your patient. Be assertive and write the discharge summary. Ask your residents for guidance when needed.

Call → Set up by the students. At least one student must be on call every day. On call, you are expected to assist with admits and ward work with the residents until about 6:30 PM, although this is highly variable. You are typically asked 3 weekday nights and come in on 2 weekend days to write patient notes and/or round with staff.

Door Codes:

Stairwell - 03* (opens most other doors too) Call room – 3+5, then 4

Peds Baton Rouge- OLOL

Peds at the Lake is broken up into the following:

2 weeks of general wards

1 week of swing shift wards

1 week of PICU or Heme ONC

1 week of outpatient in the PAC at the lake clinic off of Goodwood

1 weeks of subspecialty assigned (neuro/endocrine/pulm)

1 week of peds ED

1 week of well baby at woman's hospital

Forums:

You'll have at least one forum per week, usually on a Tuesday or Thursday afternoon. Dr. Gardner usually sends calendar events via Outlook as soon as the times/dates are set and for any changes needed throughout the rotation. The forums are located in his conference room in his endocrine office in the outpatient side of OLOL.

Morning Report:

Morning Report occurs on M, W, F, at 7:30 in the conference room on the first floor just past the "H" elevators. (Turn right after coming through the main entrance, toward the new Heart and Heart and Vascular building. It'll be on the left). Report goes from 7:30-8:15 and it is OPTIONAL

Thursday Lectures:

The residents have lecture every Thursday from 12:30-4:30. We are required to attend unless forum is taking place at the same time (or unless dismissed by the faculty).

A lot of information about the rotation can be found on their website:

www.brpedresidency.com

Username: lsustudentyear3 / password: lolprp12345. You can find rotation schedules there, as well as documents to help you prepare for forums.

Inpatient Wards/Swing Shifts:

You'll do two weeks of day shift inpatient and one week of swing shift (3pm - 12pm). For inpatient days, handoff with the night team is at 6 am. Be sure to arrive a few minutes prior to 6 and check-in with your team. See your patients and be ready to present them for rounds, which usually start at 9 am. You will round at the bedside with the patient and their family, so try to minimize medical jargon in your presentations. Either type a note in Epic and print it for rounds, or handwrite your patient's info so you have it ready (including all relevant lab/imaging results) for presenting. Typically, you'll stay until you table-round with your team in the afternoon (around 2-3 pm).

Heme-Onc/PICU:

This is a one week long rotation that you'll do during your pediatrics inpatient month. Arrive at 6 am for handoff with the night team (as you would on inpatient). You'll see your patient(s) and round with the attending during the day (times vary based on attending). This is a relatively small service, so you'll have plenty of time to get to know your patients.

Clinic:

The clinic is located off Goodwood by the Goodwood library. 8415 Goodwood Blvd. Clinic starts around 8, but try to go to morning report on M,W,F first. Sometimes they skype in from the clinic. So you can go to clinic and watch it there. (7:30-8:15) Clinic usually runs 8-5.

Subspecialty: You are assigned to a random subspecialty for a week. The subspecialty could be neuro, pulm, or endocrine. For neuro Dr. Holman asks a lot of questions so you should be prepared, but she is also a very effective teacher. For pulm you should know treatment for asthma. For endocrine you'll be with Dr. Gardner.

Peds ED: You have to check Amion for your specific schedule and you are usually assigned to 3 days/nights out of the week. You follow residents around and see patients along with or before the resident. This is a good time to get your observed H&P done.

Well Baby:

For well-baby, you'll see newborns at Woman's Hospital. If you haven't been credentialed at Woman's for your OB/GYN rotation, be sure to get all of that paperwork in prior to your well baby time. Usually rounds generally start around 8:30. Be sure to arrive in time to see your patients prior to rounds. You won't have EMR access during well-baby, so you'll need to check the paper charts and cardex for your patients to get their info. You'll also be expected to hand-write progress notes during this rotation.

Example H&P (will need login info from above):

<https://brpedsresidency.files.wordpress.com/2018/04/tn-example-hp.pdf>

UMC – Lafayette

Like other ward months, much of your experience will be staff-dependent. There are no pediatric residents assigned to UMC, so Family Medicine residents will rotate through the service with the med students. You will interact with the residents if you are on call with them or scheduled in a clinic with them, but they will not be your direct upper level in the sense of other rotations. For example, if they tell you to go home on a call night, DO NOT go home until your scheduled time. Staff is in charge of you and will not be happy if they know the student is supposed to be there and you aren't there.

The patient load is much lighter than that at Children's, but your day is a **mixture** of ward rounds and clinic, and call is every 4th night throughout the whole 2 month rotation. Call is until 10 PM but can often become later if you are busy or have an admit. Your hours vary depending on which of the three services you are on: Nursery, Dr. Howes' team, or Dr. Dalal's team. On

your two weeks in the nursery, you will probably arrive around 7:30am and be released around noon, unless you are either on call or scheduled for an extra clinic. On Dr. Dalal's team, you will round on patients in the morning (usually arrive around 8am) and be done at 2 or 3pm most days unless you are on call or scheduled for an extra clinic. Dr. Howes' team is the most time intensive and demanding – you may be there until 7 or 8pm on days you are not on call. When on services, you normally write patient notes in the morning and round, then go to clinic with your attending. Some services round twice, others just once. Sometimes you might be scheduled for a "Walk In Clinic" in the afternoon, in which you along with staff and the Family Medicine Residents see the unscheduled walk in patients. Take advantage of these days because this is where you will see the common complaints of earache, fever, and sore throat.



FAMILY MEDICINE

Family Medicine is a four-week block that is one of the most variable of the third year rotations. Paired with Pediatrics, students rotate either before, after, or in between their 2 Pediatrics months. Each student is assigned to either a general practitioner (GP) preceptor from across the state or to the LSUHSC Family Medicine Residency Program in Kenner, Bogalusa, Lafayette, or Lake Charles. You have the opportunity to request a location, but space is limited. **Many students do not find out their location until the days before the clerkship, but everyone will be placed.** Try to be flexible. Many of these preceptors are located in rural areas to allow the student to experience the full scope of practice that many GPs perform. The one on one assignment with a physician makes for a unique educational experience, significantly different from any other third year rotation. Primarily in the outpatient setting and the private sector, it is highly individualized with a large emphasis on clinical skills and teaching.

Clerkship Coordinator: Veronica Marquez (marqu@lsuhsc.edu)

Course Director: Dr. Pamela Wiseman (pwise1@lsuhsc.edu)

Typical Day

The rotation is generally an ambulatory rotation, in which you will see various patients of all age groups with both acute and chronic problems. Ideally, you will begin the first day or two with shadowing your preceptor, and eventually move on to seeing your own patients. As mentioned, this is variable from preceptor to preceptor; however, the goal is to have you involved in direct patient assessment and care. While each student's day will undoubtedly vary, most begin at around 7–8am and end between 4–5pm. Many doctors will see a steady stream of office patients during this time, usually with a one hour lunch break. Many of the preceptors will also make hospital rounds at some point in the day. Depending on your location, you may participate in small surgeries, procedures, and even OB deliveries during your rotation. The first Monday and Tuesday of the rotation are lectures, and your first day with your physician will be on that Wednesday. Between orientation and the shelf, you only have three weeks total with your physician, so be sure to make the most of that time! Be an advocate for yourself in this rotation. This is not meant to be a shadowing opportunity. See as many patients as you can!

Dress Code

As you will be in an office/private setting, the norm will be professional dress; shirt and tie for gentlemen and corresponding attire for the ladies. If you have any doubts, you should ask your preceptor when you arrive.

Notes

Since everyone is assigned a different clinical preceptor, the notes you write will all vary. For some you may not write many notes at all to give you an opportunity to see and present more

patients. Many, if not all, physicians will have standard H&P forms for you to use for patient office appointments. They will likely go through these with you on your first day. You will also quickly learn what your preceptor would like you to include in your notes. It may also be helpful to look at notes from previous visits to develop a style consistent with that of your preceptor.

Most notes you write will be relatively short progress notes, very specific and problem oriented, unlike those you will write on your Internal Medicine in-patient ward services. Generally, you will follow the SOAP note format, with the patient’s subjective complaints, followed by your objective findings on physical exam and any lab work, and finally your assessment and plan, which your preceptor will most likely help you with.

Occasionally you may complete a full H&P, especially if it is a new patient visit.

Grades

Your grade will be determined following the table below. You must meet every qualification within a row to get that grade. The preceptor evaluations are generally high across the board. They are excited to have you and want to see you do well. Likewise, most people receive high marks for the case presentation. If you turn in assignments on time, your professionalism score will be adequate. More variability arrives with the shelf exam; in Family Medicine, as in all L3 rotations, the shelf exam plays a huge role in your final grade. Due to its broad coverage of topics, this shelf is historically one with poor performance from the class and students nationwide. Fortunately, the grade is not based on your raw score, but rather your percentile compared to other students nationally taking this shelf in that quarter of the year. Make sure to put the time in to stay ahead of the curve on this rotation as 4 weeks can go by quicker than you anticipate

Grade	Clinical Evaluation	NBME Rank	EBM	Professionalism
Honors	≥ 92	≥ 75%ile	≥ 90%	≥ 90
High Pass	≥ 80 – 91	≥40%ile	≥ 80%	≥ 80
Pass	≥ 50 – 79	At least 1 ½ SDs from mean	≥ 60%	≥ 60

Case Presentation

You will have to present a case at the end of the course for a grade. Be sure to follow the instructions on Moodle. It outlines a model presentation and the grading system encourages students to follow that format to a tee. Doing so all but ensures a high grade. If you pick something straight- forward that you see in clinic, follow instructions for the literature search and PowerPoint format and practice once or twice beforehand, this will be a stress-free assignment. Be sure to bring a backup copy on a flash drive. This will be your only requirement on the Thursday before the exam.

Spanish Speaking Practices

Please be sure that you are proficient in medical Spanish before you request a Spanish speaking practice.

Recommended Resources

US Preventive Services Task Force (USPTSF) is the organization that Family Medicine follows for guidelines. Many of the shelf question will ask about screening ages/guidelines that can be found on the website.

Many students either did **AMBOSS Family medicine** (can purchase for only one month!), **family medicine q's on UWorld**, or **AAFP board review questions**. There are also **125 questions from UVA's website** that can be found floating around the internet that are very useful.

Many students found **the AAFP website** to be extremely beneficial in preparing. **AAFP Board Review Questions** are resident-level questions available if you **register** through the website, for free, so some of the content is a bit above your head, but for the most part the questions were great preparation for the shelf exam. To register, just log into the website and type in your information. It takes a week or so to process, so do this at the beginning of your rotation.

The department recommends **Essentials of Primary Medicine, 4th ed. by Sloane**, otherwise known as "the purple family medicine book". **Boards and Wards** is a quick read review book and has all the sections covered in Family Medicine.

The books frequently used include the **NMS Family Medicine Q&A book** and **Case Files: Family Medicine**. There is also a **Blueprints Family Medicine**, which a couple of people found useful, especially if you enjoy the Blueprints series. Many people also found the **"Ambulatory" section of Step Up to Medicine** to be a helpful review.

Online Med Ed and **Doctors in Training** both have instructional videos on preventative medicine and family medicine topics. Screening and vaccine videos on Online MedEd are great, along with bread and butter family medicine topics, like diabetes and cardiovascular disease.



APPENDIX

There's an app for that...

- **UpToDate:** Evidence-based, peer-reviewed information resource for point-of-care. This resource truly lives up to its name. Updated quarterly, it contains thousands of “cards” useful for guiding diagnosis and treatment, as well as a number of patient handouts. UpToDate has a *vast* amount of information available to you. Start in the “Summary and Recommendations” section of the UpToDate article you are viewing for the most pertinent and relevant information for an L3 student; you can dive deeper into the information in each article from there. **A one-year student license is purchased for you through the technology fee for third year**, which includes an app to download onto your personal cell phone. If for some reason you are not able to download the app to your phone, you can access UpToDate from any LCMC computer (UMC, OLOL, Touro, etc) <http://www.uptodate.com>
- **VMWare Horizon** – This is the app you need to download to access the remote desktop for any LCMC computer. If you need to check up on your patients but do not have a computer near, this app allows you access to the full version of EPIC as opposed to the limited version you get through Haiku/Canto.
- **UWorld app** – great to have to get some questions in during off-times at the hospital. This applies for any other question banks or reference programs you may use that also have smartphone apps.
- **Epocrates** – FREE app with info on drugs. Micromedex is another FREE drug information source. These are invaluable if you don't have a Pharmacopeia.
- **Medscape** - FREE information guide to many diseases, procedures, etc...it doesn't contain ALL info, but it is a GREAT resource for most basic information. ***Great resource for preparing for surgical cases*** – walks you through how the case is done and what is required.
- Not an app, but there is a lecture series done by **Emma Holiday** for many of the clerkships that has proven incredibly useful for pre-shelf reviewing. These can be found by searching her name with the clerkship you are looking for on YouTube.
- **USPSTF ePSS:** Free tool allowing you to search and browse USPSTF recommendations on your mobile device. Particularly useful during Family Medicine clerkship. Currently supported for iPhone, Blackberry, Palm, and Windows Mobile. <http://epss.ahrq.gov/PDA/>
- **MDCalc** – MDCalc is another **free app** that contains any medical formula, criteria, & score that you would ever need in the hospital. Simply download the app and search for whatever formula/criteria set you're looking for and it will pull up a calculator as well as extra information about when to use it, next steps, etc.

- **GoodRx** – Is an app that compiles drug prices from pharmacies across the entire U.S. It typically has pretty significant discounts on those drugs as well. It's an app that you can use to advocate for your patients who can't afford their medication... or for you to use yourself!
- **MobilePDR** – This is a **completely free** drug information app created by PDR (Physician's Desk Reference). PDR is a commercially published compilation of all the prescribing information (think package insert) on any drug you can imagine. It also has the ability to compare multiple drug/dosages for any potential drug-drug interactions as well as a pill identifier option to identify unknown pills. I would highly recommend downloading this app. It will come in handy particularly for your psychiatry rotation, but is useful no matter where you are in the hospital.
- **Other Free Stuff:** If you're on a specialty rotation and you need some specialty information that isn't quite covered in the apps above.. chances are there's an app for it. NIH stroke scale would be useful for Neurology. The CDC has an STD Tx Guideline app that comes in handy during Ob/Gyn. And if you happen to join any of the specialty organizations (majority of the time it's free for medical students to do so) then they most likely have an accompanying app.
- **Epocrates Plus:** An integrated drug, disease, and diagnostic suite for mobile devices. **The "plus" costs \$174.99/year** and in addition to the features you get with the free membership, you also get access to ICD-10/CPT codes, disease information, infectious disease treatments, and lab information. For more details see this link: <https://www.epocrates.com/products/features>
- **Extras:** Check out Skyscape (www.skyscape.com), Thompson Clinical Expert (www.thomsonclinicalxpert.com) MerckMedicus (www.merckmedicus.com/pp/us/hcp/hcp_mobile_medicus.jsp), handango.com, palmgear.com, and medicalwizards.com (formerly handheldmed.com).

STEP 2 CS/CK

You will receive various nuggets of information on your next round of boards throughout the year and Residency Planning Days in the spring. The **most important** thing to keep in mind is to decide when you would like to take it during your fourth year (preferably sometime before October/November) and **schedule early – plan to do this at the beginning of your spring semester or earlier**. Scheduling CK is similar to scheduling Step 1 and you can test at Prometric in Metairie, but you still want to go ahead and scheduled early so you have your test date secured.

This exam is *expensive*. CK - \$630 in 2019.

Helpful Note Templates

Name
MRN
ID

Allergies
Room

Home Meds

- | | |
|-----------------------------------|-----------------------------|
| 1. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 2. <input type="checkbox"/> | 6. <input type="checkbox"/> |
| 3. <input type="checkbox"/> | 7. <input type="checkbox"/> |
| 4. <input type="checkbox"/> | 8. <input type="checkbox"/> |
| <input type="checkbox"/> continue | |

Contact

Code status

CC
HPI

- 1.
- 2.
- 3.
- 4.
- 5.

Fam Hx

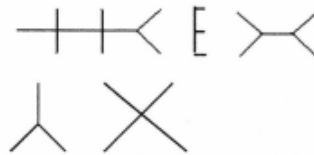
Soc

Physical Exam

T	BP	HR	RR	O2
Orthostat				
Gen				
HEENT/N				
R				
CV				
Abd				
Rec/GU				
Lymph				
MSK				
Skin				
Neuro				
Psych				

ED

Vitals



ECG:

CXR:

Studies

Meds

Admit Meds

Diet:

IVF:

- 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.
- DVT Proph GI proph
- Prn meds
- Tylenol 650 PO q6 (pain)
- Vicodin tab PO q4
- Accuchecks/ISS
- MOM 15 cc POq4 cont
- Metoclopr 10 mg IV q6 N
- Temazepam 15 mg PO qh
- Benadryl 25mg PO q
- Comp 10mg IM/PO naus

ROS Const: sick contacts, fever, chills, wt loss, malaise, weakness, dizziness, Δ appetite **HEENT:** blurry vision, photophobia, Δ vision, Δ hearing, sore throat, tinnitus, drainage **Resp:** SOB, cough, sputum, pleuritic chest pain, hemoptysis **Card:** orthop, PND, DOE, LE edema, pain chest/ left arm/ shoulder/ neck/ jaw/ back, syncope, palp, claudication **GI:** N, V, regurg, heartburn, odynophagia, dysphagia for solids/liquids, abd pain, diarrhea, constipation, bloat, hemetem, melena, hematochezia, mucus **GU:** urgency/ frequency/ incontinence, dysuria, hematuria, hesitancy, post-void dribbling, impotence, testicular masses, vaginal dc, dyspareunia, bleeding **Endo:** thirst, polyuria, heat/ cold intole, tremor, menstrual irreg, Δ hair/ skin/ nails, Δ libido, Δ body hair **Skin:** rashes, itch **Breast:** masses, pain, discharge, lactation **MSK:** arthralgias, deformity, swelling, myalgias, muscle weakness **Hematologic:** bruising, h/o excessive bleeding, LAD **Neurologic:** HA, focal weakness, seizure, tremor, falls, memory loss, paresthesias, sensory loss, vertigo **Psychiatric:** Sleep/ interest/ guilt/ energy/ concentration/ appetite/ psychomotor/ suicide

PMH

- 1.
- 2.
- 3.
- 4.
- 5.

PSH

- 1.
- 2.

A/P

1. DDX Plan
2. DDX Plan
3. DDX Plan
4. DDX Plan

Additional
Labs/Pending

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

To Do

-
-
-
-

Name _____ DOB / / _____ Rm _____ ID _____ Admt _____
CC _____

HPI _____

Allergies _____

PMH _____

Rx _____

PSH _____

Soc _____

tab _____
EOH _____

BP _____ Tc _____ Tm _____ P _____ R _____ O2 sat _____

Physical Exam

General _____

Skin & lymph _____

HEENT _____

Neck _____

Chest/lung _____

CV _____

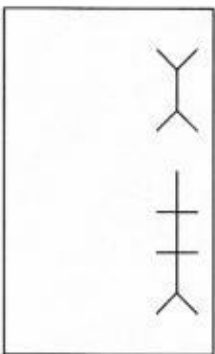
Abd _____

Ext _____

Neuro _____

Other _____

A/P _____

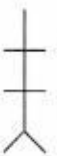


1) _____

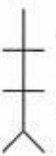
Date _____ HD _____



Date _____ HD _____



Date _____ HD _____



Date _____ HD _____



Date _____ HD _____



Date _____ HD _____



Date _____ HD _____



BP _____ Tc _____ P _____ R _____ sat _____ I/O _____

BP _____ Tc _____ P _____ R _____ sat _____ I/O _____

BP _____ Tc _____ P _____ R _____ sat _____ I/O _____

BP _____ Tc _____ P _____ R _____ sat _____ I/O _____

BP _____ Tc _____ P _____ R _____ sat _____ I/O _____

BP _____ Tc _____ P _____ R _____ sat _____ I/O _____

BP _____ Tc _____ P _____ R _____ sat _____ I/O _____

HPI: Patient is a _____ year-old M/F with a history of _____
 Presents with: _____
O/N events: _____


Vitals: Tc _____ Tm _____ HR _____ BP _____ / _____ R _____ O₂ _____ on _____ I/O _____ / _____

PHYSICAL EXAM:

- GEN:
- HEENT:
- RESP:
- CV:
- ABD:
- EXT:
- NEURO:

LABS:

 MCV _____

 Ca _____ Mg _____ PO₄ _____

IMAGING:

A/P: Patient is a _____ year-old who presents with _____

1)

-
-
-

2)

-
-
-

3)

-
-
-

4)

-
-
-

5)

-
-
-

6)

-
-
-

Preparing for 4th Year Away Rotations

No, it is never too early... It is important to get what you need (titers, mask fit, drug screens, etc.) for applying to other programs **EARLY**. If you do this, you will be able to apply earlier and increase your chances for getting accepted. Each program varies on what they require from applicants. The best piece of advice we can give: just get *everything you can* done when you are on vacation (winter break or otherwise) or a light rotation (hello psych), even if you are thinking of staying local. Applications have variable open dates, up to a year in advance but **most are closer to April 1st**. Submit your away rotation application materials **on or as close to the application open date as possible**. Acceptance to most programs for away rotations is **first-come first-serve and not always based on qualifications**. We are emphasizing this: get your prep for applications done SOON.

What you'll need: (*see below for more information*)

<p>Titers and Immunizations needed</p>	<p>Most require: MMR titer Varicella titer Tdap vaccine Hepatitis B titer &/or vaccine (Obtain during winter break as restarting the series takes 6 months) PPD (variable time before) or Interferon Gold Influenza vaccine</p> <p>Some require: Hepatitis A vaccine Meningitis (or waiver) vaccine HPV vaccine Hepatitis C titer</p>
<p>Malpractice Insurance</p>	<p>Currently we're covered up to \$25,000 per incident/\$75,000 annually; however, most rotations require \$1,000,000/\$3,000,000. If your rotation requires you to extend your coverage, you can do it through LAMMICO (www.lammico.com). You'll need the LAMMICO form (provided by Melanie Brown), a Letter of Good Standing, & \$180/away. Most rotations will not require you to provide proof of this until after you are accepted, however, some may require you to preemptively acquire the extra insurance coverage. Be aware of this, and set-up coverage for those programs early if necessary. If you are not chosen for the rotation, you can cancel anything you set up preemptively through LAMMICO.</p> <p>If you plan on doing a rotation during one of the 3 off months, or need than \$1,000,000/\$3,000,000, see below.</p>
<p>N95 Mask Fitting</p>	<p>Part of the first Residency Planning Day (typically first day of the semester). If you need an additional mask fit form signed, contact Darren Burkett, (dburk2@lsuhsc.edu) or Melanie Brown (mbro15@lsuhsc.edu).</p>
<p>Drug Testing Information</p>	<p>Time sensitive. Hold off on this until a school requests it. Can be done at IHS, 504-885-6391</p>

Criminal Background Check Information	LSU does one when you start school, but some schools require a more recent test. Many options online, or with the NOPD. If you need proof of the initial background check done prior to beginning school, contact Melaine Brown. She can write you a letter indicating you had a background check run.
Proof of HIPPA Training	Make sure you're up to date on your compliance training! You should receive emails when your training needs to be updated.
Proof of BLS Certification	Keep that BLS card handy in case a school requires proof. Certification is good for 2 years. If you lose your card, it should be discussed at the first Residency Planning Day how to get a new copy.
Other parts to the application	Curriculum Vitae (CV) (all schools require – begin working on it early and keep it updated throughout the year!) Personal Statement (some schools require) Letters of Recommendation (few schools require)

Applying to 4th year Aways & VSAS (Visiting Students Application Service)

VSAS is the AAMC service through which you apply for many of your away rotations. Application open dates and required forms are listed there for many schools, but **be aware that many schools do not use VSAS**. You'll get access to the website around January, and you'll get more information from Dr. Robin and Dr. Lazarus on the first Residency Planning Day. **Start looking at aways early, make a note of the open date for the applications, and get your applications together. You should aim to submit your application the first day it opens on VSAS. If you are interested in a specific program and it is not on VSAS, BE SURE to visit their website and orient yourself with their application process, requirements and dates.** You'll also get more information on FREIDA at Residency Planning Day #1. Below is the basics.

Searching for away rotations/residency programs:

Winter break/January is a good time to start looking into places where you would like to do an away rotation. FRIEDA on the AMA website is a good place to start – signing up is free. It allows you to search by location & specialty, plus other specific criteria. Old fashioned googling is also a great way to find programs that you're looking for. FRIEDA can provide you with quick & dirty stats on all the various residency programs (ie program size, average Step 1 score, free lunch status, etc). Fun!

Applying to away rotations:

VSAS is good for seeing application open dates, deadlines, and program forms, and good links to precise information about away electives including costs & forms. **(REMEMBER – don't submit based on deadline, submit based on application open date!)** Currently, VSAS costs \$35

for the first elective, and \$15 thereafter. Elective programs can have another added fee for application and/or for the elective (Ranging \$25- \$500). Some programs do not work through VSAS, so you'll be contacting them directly and potentially mailing in some application materials. Some require approval for the elective by the program director prior to applying through VSAS. Just read the fine print carefully and make sure you get them all the information they need.

It is also important to note that different programs at the same institution can post openings on VSAS independently of each other. For example, let's say you're interested in doing a Family Medicine rotation at Top Medical University. You register for VSAS, find Top Medical University, and click the checkbox to get an email when the program opens their current year selections on VSAS. A few weeks later you get the email saying Top Medical University has uploaded their openings onto VSAS. So you hurry to a computer to apply for Family Med but all they seem to be offering is... Derm!?!? Have no fear. It is likely that the Family Medicine department hasn't uploaded their openings yet. It is typically someone in student affairs that has to go in and upload and open applications themselves – it is not automatic. Just keep checking VSAS, because you won't get more emails as Top Medical University uploads additional offerings.

If you're not sure whether or not an institution offers a certain rotation you can try searching the previous year at that institution to see what they offered then. Most institutions have similar offerings from one year to the next.

When applying to away rotations, take note of the dates and how they compare to your block schedule here at LSUHSC. For example, if you apply to an away that begins halfway through block 1 and ends halfway through block 2 you will likely need to use flex months for blocks 1 and/or 2.

When you are approved for an away you might be contacted directly by the program director or chief resident (they might not introduce themselves as such). **Your residency interview begins the moment that you reply to their email, so always be courteous and professional in your email correspondence.**

You know all those compliance modules that we're supposed to do? If you are behind, you might want to go ahead and catch up. If you have delinquent compliance modules you may not be allowed to apply for aways through VSAS.

Persistence is your friend when applying to away rotations. **Don't be afraid to email or call the coordinators at programs you want to attend.** Sometimes you need to call the programs to make sure you get your questions answered. Sometimes you need to call a couple times. **It's worth it!**

Malpractice Insurance:

You will likely need to purchase malpractice insurance for your away rotation. Student Affairs will email you application information. This is by far the clunkiest part of the VSAS application.

Let's say you are applying for an away in Ortho at Competitive University. Due to the competitive nature of the program, you apply for an away there for blocks 1-8 to increase your chances of landing a spot. Well, since you are applying for 8 different blocks you may need to set-up 8 different malpractice policies (one per block to which you are applying) and upload each of them to VSAS. That gets expensive, but the good news is that 1. LAMMICO will hold your check until it is time for the rotation, and 2. once you find out which block you were accepted into you can cancel the 7 unused policies.

Medical Clearance:

Most programs require a standardized medical clearance form. **Some may require their own specific form** – again, this will be listed on their VSAS site or Visiting Student Information site. Don't wait until the last minute to do this—you might need to get titers re-drawn, get booster shots, etc. Ms. Johnson in Student Health can sign the form(s) for you. She likely has copies of the documents you will need in her filing cabinet.

Shining Stars:

Last but not least, Ms. Brown and Dr. Robin in Student Affairs are an invaluable resource when it comes to scheduling aways and when planning fourth year in general. They will do everything they can to make the process smooth for you, so don't be afraid to reach out to them. They are on your team! Good luck!

